

SUPPLIER REGISTRATION FORM -2018/2019



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

Section 1: Company details and General information (Mandatory -To be filled by the applicant)

2	Business Registration No		03. Date of Registration		
4	Company Address				
5	E-mail Address				
6	Telephone		07. Mobile		
8	Fax		09. Web Site		
10	Supplier Type	Limited Liability	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>
		Company	<input type="checkbox"/>	Other :	<input type="checkbox"/>
		Partnership	<input type="checkbox"/>		
		Trader *	<input type="checkbox"/>		
11	Nature of Business	Manufacturer	<input type="checkbox"/>	Services	
			<input type="checkbox"/>	Other:	
			<input type="checkbox"/>		
		Authorized Agent	<input type="checkbox"/>		
•	If Trader, Agent or Representative Company, not directly involved in the manufacturing process of the product, please provide:				
	1)	Certification from your principals that you are authorized to deal with their products or to act on their behalf.			
2)	A list of business transacted in the last year for the products you wish to register, giving names and addresses of customers and value of contracts.				
12	Parent Company (If any)				
13	Subsidiaries (If any)				
14	Factory/ Workshop Address(es)	1)	2)		
15	VAT Registration No				

16	Mandatory information to be attached		
	<ul style="list-style-type: none"> • Company Profile • Information of Board of Directors / Proprietors or Partners as applicable & NIC Numbers • Information of Share Holders • Financial Status (Please attach certified Financial Statements of the recent financial year) • Please state if you have blacklisted from any other organization/entity (If any, explain in a separate annexure) 		
17	Number of Employees		
18	Range of Products	,.....
	Services intended to offer
	
(Please attach the Goods & Services list marked “/” for the categories intend to supply.)			
19	Competency		
	Are you agreeable to submit quotations on the basis of cost per unit	(YES / NO)	
	Any Government taxes applicable to your trade	(YES / NO)	
	Are you agreeable to provide samples of goods if requested	(YES / NO)	
	Wherever applicable are you agreeable to submit two separate quotations	(YES / NO)	
	1. Technical aspects 2. Financial aspects		
20	Reference – Please attach minimum of 3 reference		
	Company/ Customer	Contact Person & Designation	Contact No
	01)	01)	01)
	02)	02)	02)
	03)	03)	03)
21	Declaration		
I/We hereby declare that the above information provided by me / us are true and accurate.			
I/We further agree to notify NDB any changes to the above information as and when such changes are made there to.			
..... Name & Signature	 Name & Signature Company Rubber Stamp