

University						
VENDOR/ SUBCONTRACTOR ENLISTMENT FORM						
No.:	Date of Effective:	Date of Effective:				
	Date of Receive :					
01. Name of Vendor/ Contractor/ Su	bcontractor:					
2. Address:						
a) Factory:						
b) Office :						
03. a) Telephone:	b) Fax:	c) Email:				
d) Mobile No.:						
4. Nature of Business: Manufactu	rer/ Distributor/ Dealer/ A	gent				
05. a) Person(s) to be contacted for	business dealing:					
		Talanhana /Mahila Na				
Name	Designation	Telephone /Mobile No.				
	J	L				
06. Submit the copy of trade license	:					
07. Details of Directors:						
08. Bank Name, Account Number an	d Account holder name (to	ogetner with option				

- 9. Please mention VAT registration Number and submit the copy of VAT registration certificate.
- 10. Submit the certificate of TIN number of your company:
- 11. Is your product tested by any agency/ or attained ISO certification? If so, give details.



VENDOR/ SUBCONTRACTOR ENLISTMENT FORM		
	Date of Receive:	

- 12. If you are an agent, give particulars of agencies with true copy of authorization:
- 13. Please provide the financial details and submit the copy of recent audited accounts:
- 14. Short brief about your product/service warranty:
- 15. For new applicant, a pay order of Tk. 5000/- (Five thousand) must be enclosed with application form in favor of Daffodil International University which is non-refundable.
- 16. Enclosed a list of name and address of 10 customers of your company.

S1.	Description of Goods	Customer Name & Address	Quantity	Price

I certify that	ne information supplied herein is correct to the best of my knowledge:
Signature	Authorized Signatory/ Director
Name:	
Designation:	
Date:	
	Approved by:
	Registrar  Daffodil International University

Checked by: Md. Milan Khan Librarian, DIU