







LIVESTOCK VENDORS PREQUALIFICATION FORM

GWADAR LASBELA LIVELIHOOD PROEJCT GLLSP-II

				PAI	RT I: C	ATNC	CT D	ATA	L							
1. Contact Person Name or <i>i</i>	Authorize	ed Repr	esent	ative:												
2. Email:						-	3. Mobile:									
4. Phone No. (Shop/Office):																
5. Complete addresses of th	e Offices,	/Shop: _														
				PAR	T II: BI	JSINE	SS D	ATA								
6. Business Name:																
7. Principal Business Activity			_	ervice		Г	ີ Sເ	uppl	lier			Othe	erc			
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8. Brief Business Description	:															
9. Business Status: 🔲 S	Sole Prop	rietorsh	nip:		Name o	f prop	rietor:						_CNIC	C:		
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	Partnershi	ір Ц	Limi	ted Co	ompan	У					CNIC	of Pa	rtner	rs/Di	irectors	<u>; </u>
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	Other (wri	ite deta	il):													
10. Experience in Livestock E	Business:															
a) Number of years in	ı supplyir	na Lives	tock													
b) No of projects/Ord								-								
• Nos					•											
• Nos	PKR 3,000	0.000 to	PKR	5.000	0.000											
• Nos	Greater t	han PKI	R 5.0	00,000	00											
c) Consent on all requ						re or a	at the	tim	e of d	leliver	v Stan	dard	Defe	cts L	_iabilitv	/ Period
Yes		No									,				,	
d) Consent on quaran				3 dav	s befo	re sup	to vla	f live	stock							
Yes		No				wp	. , 5									
12. NTN No.					-]									
13. GST No.												T]		

PART III: DOCUMENTS TO BE ATTACHED WITH THE FORM

- Copy of CNIC(s) of owner(s) and witness
- Copy of National Income Tax registration certificate. (if registered)
- Copy of GST registration certificate. (if registered)

PART IV: BANK DETIALS					
1. Title of Account:					
	o <u>Joint or Single Account</u>				
2. Bank Account No (IBAN):					
3. Swift Code:					
4. Name of Bank:					
5. Branch Name:					
6. Branch Code:					

Note: Name of Business/Shop must be same as Title of Bank Account.

For information and submission of filled form please contact our following offices:

1. NRSP district office Gwadar

New Town Phase-1 NA Lane 1, Near Al Falah Masjid - GWADAR Phone No. 0864-210827, 0320-5004478

Contact Person: Abdul Wahab

2. NRSP district office Lasbela

Near Circuit House Lakhra Road, Uthal – District Lasbela Phone No. 0853-610-606

Contact Person: Attique-ur-Rehman

PART V: UNDERTAKING

I, the undersigned representative/Owner/Proprietor of M/s _____

Do hereby affirm that our company/firm/organization is eligible because we:

- 1. Are not bankrupt or in the process of going bankrupt.
- 2. Not or never prosecuted under Schedule 4 of the proscribed persons under NACTA for AML/CFT.
- 3. Have not been convicted for an offense concerning professional conduct.
- 4. Have not been guilty of grave professional misconduct (proven by any means which the contracting authorities can justify).
- 5. Have fulfilled obligations related to payment of taxes.
- 6. Are not guilty of serious misinterpretation in supplying information.
- 7. Are not in situations of conflict of interest (with prior relationship to project or family or business relationship to parties in NRSP)
- 8. Are not declared at serious fault of implementation owing to a breach of their contractual obligations
- 9. Have no relation, direct or indirect, with proscribed individual/entities/political exposed person/s or terrorists organizations.
- 10. Are not on any list of sanctioned parties issued by the Pakistan Government, DFID, USAID, UN agencies, UNSCR, NACTA, IFAD, European Union and others.
- 11. Are not blacklisted by any Local/International organization, Government/semi Government department, NGO or any other company/organization and not in litigation with any of the aforementioned organizations.
- 12. Have not been reported for/under litigation for child abuse.
- 13. All the information given in this form is correct to best of my knowledge.

Declared: Name: Signature: Designation: Date: CNIC: Witness by: Name: Signature: CNIC: Signature: