

SOLAR VENDORS PREQUALIFICATION FORM

GWADAR LASBELA LIVELIHOOD PROEJCT GLLSP-II

PART I: CONTACT DATA

1. Contact Person Name or Authorized Representative: _____
2. Email: _____ 3. Mobile: _____
4. Phone No. (Shop/Office): _____
5. Complete addresses of the Offices/Shop: _____
- _____

PART II: BUSINESS DATA

6. Business Name: _____
7. Principal Business Activity: Manufacturer Services Supplier Others
8. Brief Business Description: _____
- _____
9. Business Status: Sole Proprietorship: Name of proprietor: _____ CNIC: _____

<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company	Name and CNIC of Partners/Directors
Name: _____	CNIC: _____
Name: _____	CNIC: _____
Name: _____	CNIC: _____
Name: _____	CNIC: _____
Name: _____	CNIC: _____
Name: _____	CNIC: _____
Name: _____	CNIC: _____
Name: _____	CNIC: _____

Other (write detail): _____

10. Experience in Solar Business: Number of years of doing business _____
- a) Solar Lighting Systems: Residential Commercial Industrial
- b) Solar Water Pumping Systems: Drinking water Agriculture/Irrigation Industrial
- c) No of projects/Orders successfully completed:
- Nos _____ Upto PKR 500,000:
 - Nos _____ PKR 500,000 to PKR 3,000,000
 - Nos _____ Greater than PKR 3,000,0000
11. Standard Offer of Warranty/After Sales Services of Solar Equipment & Accessories: _____
- a) Standard Defects Liability Period
- b) Standard Sales and Service Period
- c) Number of shops or Franchises in Districts

12. NTN No.

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13. GST No.

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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)
- Copy of Bank statement(s) for the last financial year.
- Complete details of pending court cases with nature. (if any)

PART IV: BANK DETAILS

1. Title of Account: _____
○ Joint or Single Account

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:

<p>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</p>	<p>2. NRSP district office Lasbela Near Circuit House Lakhra Road, Uthal – District Lasbela Phone No. 0853-610-606 Contact Person: Attique-ur-Rehman</p>
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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: _____