

## Vendor Pre Qualification Form

**Vendor General Information:**

Business Name\*

If no Business name, enter N/A

URL for Web Site

Contact Name\* (Last name, First name)

Name of Business Contact

Phone Number \*

Fax Number

Cell Number

Telephone number of Business Contact

Email For Contact Person \*

Email address of Business Contact

PO Email:

Email for Purchase Order (*Email is the preferred distribution method for Purchase Order*)

Corporate Address

Address Line 1 \*

Address Line 2

City \*

Province \*

Country \*

Zip Code \*

**Vendor Classification**

Individual

(PVT) Ltd

Company

**Category**

Filer

Non Filer

Provide Copy of CNIC \*

NTN \*

CNIC #

STRN ( If Applicable)

Product / Service Information

**1. Lab Equipment**

- Capital Items  Lab Consumable Items

**2. Computers & AV Equipment**

- Hardware and Peripherals (Micro)  Software (Micro)  
 Hardware and Peripherals (Mini)  Software (Mini)]  
 Accessories & Supplies  Audio & Vedio Supplies

**3. Building & Maintainance**

- |   |  |
|---|--|
| <input type="checkbox"/> Builder's Supplies<br><input type="checkbox"/> Builders & Structures<br><input type="checkbox"/> Building, Modular & Portable<br><input type="checkbox"/> Cafeteria Equipment<br><input type="checkbox"/> Clothing apparel<br><input type="checkbox"/> Material Handling Equipment<br><input type="checkbox"/> Fire Protection Equipment<br><input type="checkbox"/> Floor Covering<br><input type="checkbox"/> Janitorial Equipment & Supplies<br><input type="checkbox"/> Rental or Lease of Equipment<br><input type="checkbox"/> Security System | <input type="checkbox"/> Lumber Products<br><input type="checkbox"/> Painting Equipment & Supplies<br><input type="checkbox"/> Plumbing Equipment & Supply<br><input type="checkbox"/> Roofing<br><input type="checkbox"/> Signage<br><input type="checkbox"/> Water Treatment<br><input type="checkbox"/> Signage<br><input type="checkbox"/> Pest Control<br><input type="checkbox"/> Electrical, HVAC<br><input type="checkbox"/> Asphalt Materials |
|---|--|

**4. Office Equipment & Supplies**

- |   |   |
|---|---|
| <input type="checkbox"/> Health Care<br><input type="checkbox"/> Laboratory<br><input type="checkbox"/> Cafeteria/ Classroom/ Library<br><input type="checkbox"/> Forms & Labels- Continuous<br><input type="checkbox"/> Office Machines & Accessories<br><input type="checkbox"/> Copiers – Plain Bond<br><input type="checkbox"/> Carbon Papers & Ribbons | <input type="checkbox"/> Auditorium<br><input type="checkbox"/> Office Furniture<br><input type="checkbox"/> Office Supplies (General)<br><input type="checkbox"/> Stock Forms & Labels<br><input type="checkbox"/> Writing Instruments – Pens, Pencils & Markers<br><input type="checkbox"/> Paper (For Office and Print Shop Use) |
|---|---|

**5. Contractors / Service Provider**

- |  |  |
|--|--|
| <input type="checkbox"/> Consultation charges<br><input type="checkbox"/> Paving/ Resurfacing<br><input type="checkbox"/> Construction General<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Roofing<br><input type="checkbox"/> Rental | <input type="checkbox"/> Educational Sector<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Painting<br><input type="checkbox"/> Food Services / Event Management<br><input type="checkbox"/> Insurance Charges |
|--|--|

**6. Printing Products & Advertising Services**

- |  |   |
|--|---|
| <input type="checkbox"/> Printing Plant Equipment's<br><input type="checkbox"/> Graphic Arts & Signage Services<br><input type="checkbox"/> Advertising Specialties -Imprinted Items | <input type="checkbox"/> Printing & Related Services<br><input type="checkbox"/> Mailing Services ( TCS /DHL )<br><input type="checkbox"/> Publication & Audio Visual |
|--|---|

**Others (Please Specify)**


**Experience Record**

1. Please Provide 3 references for your work experience

Organization	Contact Person	Designation	Phone	Email

b. Technical & Professional Ability should be submitted

c. Product Support

Provide Details of your product support policy and after sales service \*

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2. How many years has your organization been in the current business?

5 years       5-10 years       10-15 years       20 years

3. Have you had any contracts terminated for poor performance in the last five years? YES NO  
If yes, please give details

YES  NO

4. Do you use any software solution that integrates routine operations like purchasing, order management, invoicing etc.?

YES  NO If yes , Please give details

**Professional Information**

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1. Are there any outstanding law suits against your organization in the state or elsewhere?

YES  NO

2. Is your organization the subject of proceedings for a declaration of bankruptcy or any other similar proceedings under national laws or regulations?

YES  NO

**Bank Details**

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Bank Name	
Address	
Telephone	
Branch	
Account Name	
Account Number	
SWIFT/ BIC Code	
IBAN No	
Finance Department	

**Declaration**

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We hereby declare that the above particulars are True and correct and accept that Habib University has a right to Verify them as when required	Name :
	Title :
Signature	Date :
	Affix official Company Stamp / logo

If the space provided in this document is insufficient for your responses, provide each detailed response in separate, clearly identified numbered attachments. The registered suppliers are required to immediately advise Habib University of any significant change to their:

- Financial capacity or technical capability
- Ownership or holding
- Any court convictions or prohibition orders from governmental agencies.
- Significant changes to supplier or sources of products/services.
- Significant changes of range of products/services offered
- Changes in address, phone, email, fax, contact person or other communication details.
- Habib may make revisions to the registration scheme, or seek new applications at any time. applications from currently pre-qualified suppliers will be sought. Whenever a full revision of the system is carried out, additional information or new applications from currently pre-qualified suppliers will be sought.
- Provide a brief description that describes the nature of your business and the products and/or services that you are able to supply to Habib

For Habib use only (Signature/Name/Date)

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Approved By