|  |  |  |
| --- | --- | --- |
| **Sl.** | **Required Information** | **Mention** |
| 1 | Enlistment Type (Put tick mark) | * Organization/Agency/Firm/Company * Individual |
| 2 | Name |  |
| 3 | Physical Address |  |
| 4 | Proprietor / Consultant Name |  |
| 5 | National ID card/Passport number of Proprietor (For Individual, NID/Passport of Applicant) |  |
| 6 | Website Address (if any) |  |
| 7 | Primary Contact person name with Phone number and email address |  |
| 8 | Secondary Contact person name with Phone number and email address |  |
| 9 | Trade License Number with Validity |  |
| 10 | E-TIN Number   1. Organization/Agency/Company: 2. Individual: |  |
| 11 | BIN Registration Number (13 digit) |  |
| 12 | Other certificate i.e. ISO, BSTI etc. (if any) |  |
| 13 | Details of recognition/awards (if any) |  |
| 14 | Bank Information | Account Name: Account No: Bank Name: Branch Name: Routing Number: |

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| **Sl.** | **Required Information** | **Mention** |
| 15 | State name of the Category & sub-category (as per attachment A of Enlistment Notice)  (*Attach additional paper, if unable to cover in this area*) |  |
| 16 | Specify the name of goods or services  (*Attach additional paper, if unable to cover in this area*) |  |
| 17 | Presently working with (a list of client/customer to be provided)  (*Attach additional paper, if unable to cover in this area*) |  |
| 18 | Experience in the applied product/service (year) |  |
| 19 | Do you have any relative or close friend who are working in Bangladesh Legal Aid and Services Trust (BLAST) ?  If the answer is yes, please provide the contact details and the relation with you or your company. |  |

**Customer References**

(If you need additional space please use a separate page.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name of Organization/Business |  | | |
| Name of Contact Person |  | Title |  |
| E-mail: |  | Phone: |  |
| Type of product / service provided to client |  | | |
| 2 | Name of Organization/Business |  | | |
| Name of Contact Person |  | Title |  |
| E-mail: |  | Phone: |  |
| Type of product / service provided to client |  | | |
| 3 | Name of Organization/Business |  | | |
| Name of Contact Person |  | Title |  |
| E-mail: |  | Phone: |  |
| Type of product / service provided to client |  | | |

I, the undersigned, warrant that I have gone through all documents & information and understand the terms and conditions mentioned here. The information that I’ve provided in this form is correct. Bangladesh Legal Aid and Services Trust (BLAST) can cross check the details information or documents that I have provided with these application, if necessary.

Full Name :

Designation :

Signature with Date :

Company / Organization’s seal :