**Plan International Bangladesh**

**Service Provider/ Vendor enlistment APPLICATION with the required information:**

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| **Sl.** | **Required Information** | **Put your information below** |
| 1 | Interested location for enlistment (Put tick mark) | Dhaka and all offices  Barisal Divisional Office  Rangpur Divisional Office  Cox’s Bazar Office |
| 2 | Enlistment Type (Put tick mark) | Organization/Agency/Firm/Company  Individual |
| 3 | Name |  |
| 4 | Physical Address (Detail) |  |
| 5 | Proprietor Name (Not applicable for Individual) |  |
| 6 | National ID card/Passport number of Proprietor (For Individual, NID/Passport of Applicant) |  |
| 7 | Website Address (if any) |  |
| 8 | Primary Contact person name with Phone number and email address |  |
| 9 | Secondary Contact person name with Phone number and email address |  |
| 10 | Updated Trade License Number  (Not applicable for Individuals) |  |
| 11 | E-TIN Number   1. Organization/Agency/Company: 2. Individual: |  |
| 12 | BIN Registration Number (13 digit)  (Not applicable for Individuals) |  |
| 13 | Other certificates i.e. ISO, BSTI, etc. (if any) |  |
| 14 | Details of recognition/awards (if any) |  |
| 15 | Bank Information | Account Name:  Account No:  Account Type:  Bank Name:  Branch Name:  Routing Number: |

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| **Sl.** | **Required Information** | **Put your information below** |
| 16 | State name of the Category & sub-category  (as per attachment A of Enlistment Notice)  **Proposed Category need to be supported by trade license/legal documents.**    (*Attach additional paper, if unable to cover in this area*) |  |
| 17 | Specify the name of goods or services  (*Attach additional paper, if unable to cover in this area*) |  |
| 18 | Presently working with (a list of clients/customers to be provided)  (*Attach additional paper, if unable to cover in this area*) |  |
| 19 | Experience for the work/business for applied products/services (year) |  |
| 20 | Do you have any relatives or close friends working in Plan International Bangladesh?  If yes, please provide the contact details and the relation with you or your company. |  |

**Customer References**

(If additional space is required 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 the 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. Plan International Bangladesh can cross check the details information or documents that I have provided with this application, if necessary.

Full Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature with Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company / Organization’s seal :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_