**Vendors/Suppliers Application Form**

**Please complete and submit the Application Form along with the required documents**

**To Logistics Manager, Terre des hommes Foundation, Dhaka**

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| **Category (select from provided list):** |  | | | | |
| **Name of Business:** |  | | | | |
| **Name of Proprietor:** |  | | | | |
| **Business Address:** |  | | | | |
| **Contact Person:** |  | | | | |
| **Email ID:** |  | | | | |
| **Office Phone Number:** |  | | | | |
| **Mobile Number:** |  | | | **Emergency/Alternative Number:** |  |
| **Trade License Number:** |  | | | **VAT/BIN Registration Number:** |  |
| **Tax Identification Number (TIN):** | | | |  | |
| **Bank Information:** | | | | | |
| **Account Name** | |  | | | |
| **Bank Branch and Location** | |  | | | |
| **Account Number** | |  | | | |
| **Routing Name** | |  | | | |
| **Required Docs are attached (✔)** | | | **Trade License TIN VAT Copy of Cheque Leaf** | | |
|  | | | | | |
| **Signature & Date** | | | | | |

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| **Tdh Office Use Only:** | |
| **All relevant docs are attached** |  |
| **Comments on Applications information** |  |
| **Name and Signature of Authorized person** |  |