APPLICATION FOR REGISTRATION OF LOCAL SUPPLIERS FOR GOODS / SERVICES AND CONSTRUCTION WORKS

FOR THE YEAR - 2024 MINISTRY OF DEFENCE

(Local Suppliers are required to fill this form)

Name of the Institute (I Mailing Address (Geographical Address) Telephone No	:							
(Geographical Address)								
(Geographical Address)								
		:						
Fax No								
E-Mail Address	:							
Web Site (URL)	:							
Contact Person	:							
Name	National ID No	Title	Tele N					
No :	ate should be attached) ith the MOD during the last year ? Yes / Ne registration Number:	•••						
VAT No:	Date : ate should be attached) ith the MOD during the last year ? Yes / Ne registration Number : the Chief Executive Officer / Proprietor ation for the categories of Construction Working States and Grade Registered with	Jo ork (S106) ? Yes/No						
VAT No:	Date : ate should be attached) ith the MOD during the last year ? Yes / Ne registration Number : the Chief Executive Officer / Proprietor ation for the categories of Construction Workstration Number and Grade Registered with the category : -	Jo ork (S106) ? Yes/No						

					ought? Plea	ase indicate	Category 1	numbers co	orrectly	
					Signa ame :	ature of the	Applicant			
				For office	ce use only					
eceived :		2	.023			Serial N	umber :- M	10D /	/ 202	24
Company 2	Registratio	n								
Payment A	mount									
Payment I	Oate	•••••								
Recommen	nded to Re	gistration	/ Not Re	commende	d Registration	on				
	Committee President/Member Registration of Suppliers for year 2									
Data		2022								
	I hereby cowith the appearand the Edocuments. Company Payment A Payment I Recommen	I hereby confirm that with the application for and the Department documents. Company Registration Payment Amount Payment Date Recommended to Registration Recommended Recomme	I hereby confirm that I have rewith the application for registrate and the Departments coming documents. Company Registration Payment Amount Payment Date Recommended to Registration	(see example below before fill categories Number of Categories -	Number of Categories :- Number of Catego	(see example below before fill categories) Number of Categories :- Number of Categories :- I hereby confirm that I have read and understood the terms are with the application for registration of Local and Foreign Supple and the Departments coming under its purview and I agree documents. Signate Name Na	(see example below before fill categories) Number of Categories :-	I hereby confirm that I have read and understood the terms and conditions specifies with the application for registration of Local and Foreign Suppliers / Contractors for the and the Departments coming under its purview and I agree with the terms and documents. Signature of the Applicant Name: Designation: (Please affix the Rubber Frank) For office use only eccived:	Number of Categories :	Number of Categories: Number of Categories:

12.