

SOS CHILDREN'S VILLAGE CHITTAGONG

Block – A, Haliashahar Housing Estate, Chittagong

VENDOR ENLISTMENT FORM

SECTION 1 : COMPANY DEATAILS AND GENERAL INFORMATION	
1. NAME OF COMPANY *	
2. ADDRESS *	
3. TELEPHONE NUMBER *	
4. FAX NUMBER	
5. E-MAIL ADDRESS *	
6. WEB SITE ADDRESS	
7. NAME & DESIGNATION OF THE COMPANY REPRESENTATIVE *	
8. DIRECT E-MAIL ADDRESS OF COMPANY REPRESENTATIVE *	
9. TELEPHONE NUMBERS OF COMPANY REPRESENTATIVE *	
(A) DIRECT/T&T NUMBER	
(B) MOBILE NUMBER	
10. DATE OF COMPANY ESTABLISHMENT *	
11. GROSS ANNUAL SALES FOR THE LAST THREE YEARS	YEAR _____ BDT _____ YEAR _____ BDT _____ YEAR _____ BDT _____
12. LEGAL STRUCTURE *	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Franchise <input type="checkbox"/> Non-Profit
13. TYPE OF BUSINESS/COMMODITY SERVICE *	<input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Construction Contractor <input type="checkbox"/> Professional Services <input type="checkbox"/> Consultant <input type="checkbox"/> Distributor/Dealer <input type="checkbox"/> Service Provider <input type="checkbox"/> Freight/Transportation <input type="checkbox"/> Printing/Publication <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broadcaster/Ad Firm <input type="checkbox"/> Others
14. DETAILS OF SERVICES OR GOODS SUPPLY	
15. GEOGRAPHIC SEVICE AREA (Check one) *	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International

