

SUPPLIER INFORMATION FORM (SIF) (for Enlistment)

Please provide the following information and attach extra documentation as required. Every question of this form must be completed. Insert "N/A" where questions are not applicable. All information held within this form is CONFIDENTIAL and will be handled accordingly.

1	Legal Name of the Company:
2	Local Address: <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Telephone:</div> <div>Mobile:</div> </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div>Fax No.:</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div>E-mail:</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div>Web Address:</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> Registered Address: <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Telephone:</div> <div>Mobile:</div> </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div>Fax No.:</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div>E-mail:</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div>Web Address:</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
3	Type or Structure of Supplier's Firm (please tick the appropriate one): <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> Public Limited</div> <div><input type="checkbox"/> Private Limited</div> <div><input type="checkbox"/> Partnership</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Proprietorship</div> <div><input type="checkbox"/> Other</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Please provide the following information if yours' is a Proprietorship/ Partnership/Other Company: </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> a. Date of Establishment: </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> b. Total Capital/Investment (in BDT): </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Please provide the following information if yours' is a Limited Company/ Corporation: </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> a. Place of Incorporation: </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> b. Date of Incorporation: </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> c. Paid-up Capital/Investment (in BDT): </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> c. Estimated Total Amount of Revenue: </div>
4	Nature of Business: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Manufacturer</div> <div><input type="checkbox"/> Supplier</div> <div><input type="checkbox"/> Service Provider</div> <div><input type="checkbox"/> Contractor</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Please provide the product & service list below: </div> Goods & Services Traded: <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. . .

5	List of Subsidiary/Branches			
	Name	Address	Contact Person & Contact No.	Business Category
6	Owner's & Staff Information			
	Owners/Key Personnel Name, Address & Contact No.			
	Name	Address	Contact Number	
No. of Management staff: _____ No. of Non-Mgt Staff : _____.				
No. of Contractual/Outsourced Staff: _____.				
7	Main Contact Person for The City Bank Limited Enquiries & Correspondence:			
	Name	Address	Contact Numbers (Phone, Cell & Email)	
8	Vendor Bank Accounts Information:			
	List of the Supplier's Principal Bank(s):			
	Name of the Bank: <i>[The City Bank Ltd Preferable]</i>			
	Bank Account Name:			
	Bank Account No.:			
	Address:			
	Telephone No.:			
	Fax No.:			
	E-mail:			
	Web Address:			
9	After Sale Support Service :			
	Dedicated Maintenance & Support Stuff (Yes/No: _____.			
	If yes number of service stuff: _____.			
	Country Wide Network (Sales & Service Centers): (Yes/No: _____.			
If yes, number of Centers: _____.				
Response Time (in Hour): _____.				
10	Experience with the City Bank Ltd: Yes/No:If yes fill up the followings-			
	Got first W/O (year): _____ Number of project executed: _____.			
	<i>Note: Please provide necessary documents.</i>			

11	Supplier will Provide Copies of the Following Documents: (please mark items provided)			
	Name of the Document	Yes	No	N/A
a	Memorandum and Articles of Association (certified copy) (applicable for Limited Company Only)			
b	Certificate of Incorporation (applicable for Limited Company Only)			
c	Valid Trade License			
d	Value Added Tax (VAT) Registration Certificate (applicable for Local Company/ Foreign Company if they participate through their local office in Bangladesh)			
e	Tax Identification Number (TIN) Certificate (applicable for Local Company/ Foreign Company if they participate through their local office in Bangladesh)			
f	Bank Solvency Certificate not older than 30 days from the date of submission (if not a Limited Company)			
g	Most current Annual Report (audited, if available) (applicable for Limited Company)			
H	Partnership Deed (applicable only for Partnership Firm)			
I	Company Brochure (recent/updated)			
J	ABC Supervisory License (electrical works only)			
K	Other document(s) related to your business (Licenses, Certifications, etc.)			
L	Experience Certificate			
M	Major Client List			
n	Logistic Support (applicable for distribution & related service company)			
<p>Supplier Information Forms that are not completed in their entirety, with all relative and requested attachments or which are not certified by an acknowledged official of the entity may not be accepted by The City Bank Limited.</p> <p>The undersigned is authorized to Certify on behalf of the entity that all stated information in the above form and attachments are true and correct and no important and relevant information has been suppressed. The undersigned acknowledges that the Company at any time may verify the validity the above information.</p> <p>I do hereby declare that all the provided information here above is fully correct. In case of any false/ mis-declaration, I shall personally be liable to appropriate legal action. I do take the responsibility to immediately inform of any change concerning the advice declaration. Considering all the details as above, I would like to be enlisted as a vendor in your esteemed company.</p>				
Signature & Seal :				
Name of the Signatory :				
Designation of the Signatory :				
Name of Company :				
Date :				
<p>Note: This enlistment does not give vendors guarantee of awarding any jobs. Rather it will give the opportunity to the vendors to participate in competitive bidding process as an competent vendor to supply goods/services to the City Bank Ltd.</p>				