

## I. REQUIRED INFORMATION

<b>Category:</b>	Service <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Supplier (IT) <input type="checkbox"/>	Supplier (Non-IT) <input type="checkbox"/>
	Consultant <input type="checkbox"/>	Printer & Designer <input type="checkbox"/>	Hotels <input type="checkbox"/>	Food/Catering: <input type="checkbox"/>
<b>Company/Individual Name:</b>				
<b>Owner Name (if different from above):</b>			<b>PAN Number:</b>	
<b>Proprietor's Name (In case of proprietary firm)</b>			<b>Service Tax Number (if applicable)</b>	
<b>Contact Person:</b>				
<b>Full Address (Street/City, etc):</b>				
<b>Phone No:</b>		<b>Fax No:</b>		
<b>E-mail:</b>		<b>Website:</b>		

## II. CUSTOMER REFERENCES

Provide 3 current customer references, listing customer, phone number, contact person, contact's e-mail and a description of the product or service provided to the customer. (If you need additional space please use a separate page.)

<b>1</b>	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
<b>2</b>	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
<b>3</b>	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			

## III. Indicate below the products or services sold or provided by you or your organization

[a]	[b]
[c]	[d]
[e]	[f]
[g]	[h]

## IV. Registration of Business

1. Is your firm registered as a business entity with the government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If YES, please provide your business registration number		
3. If applicable, please provide Sales Tax		

Registration Number		
4. Please provide PAN number (Attached a copy)		
5. If applicable, please provide Service tax registration number (Attached a copy)		
6. Annual Turnover (Rs.)		
7. Indicate how long have you been in this type of business		
8. Have you ever done business with other aid agencies? If so, provide names of agencies immediately below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you ever done business with Plan India?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Are you related to any person currently employed with Plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. If YES, please provide name and position		
12. Provide here, any additional information regarding your business.		
<b>NOTE: Government regulations may require Plan to deduct taxes on any transaction prior to effecting payment to the vendor.</b>		

#### V. Certification

I certify that the foregoing is true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.

**CERTIFICATION REGARDING TERRORISM: Vendor certifies that it has not knowingly provided and will not knowingly provide, in violation of applicable laws, material support or resources to any individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism.**

Misrepresentation above may result in cancellation and severing all ties with the agency/person and will be deleted from Plan India database of clients. I have read the above statement and certify under oath that the information contained herein is true and accurate to the best of my knowledge and belief.

Name of Person Completing Form (Please print clearly)

Title:

Signature:

Date:

#### FOR PROCUREMENT USE ONLY

- Anti-Terrorism Check Completed  
 Customer References Verified