

DIRECTORATE GENERAL OF DEFENCE PURCHASE

PARTICULARS OF LOCAL FIRMS

PART-I

1. Name of the Firm _____
2. Address (office) _____
3. Address Factory/Godown/Stocks _____

4. Telephone _____, Fax _____, E-Mail _____
Website _____
5. National Tax No : _____
6. Sales Tax No : _____
7. **Type of Firm:**
 - a. Sole Proprietary concern : _____ (Yes/No)
 - b. Partnership concern : _____ (Yes/No)
 - c. Company : _____ (Yes/No)
 - d. Limited Liability Partnership : _____ (Yes/No)
8. **Detail of Employees** **Nos**
 - a. Executives _____
 - b. Staff _____
9. **Firm's Management Record.** (Attach a list, if required):

<u>Ser</u>	<u>Name</u>	<u>Father's name</u>	<u>Designation</u>	<u>Passport / CNIC Number</u>
a.			CEO /Signatory etc	
b.				
c.				
d.				
e.				
f.				
g.				

Note: Firms registered with SECP will attach Form-29 if there is no difference in the management record.

10. Indicate partnership with any other firm as JV, consortium or association etc:

<u>Ser</u>	<u>Name of Firms</u>	<u>Type of Partnership</u>
a.		
b.		
c.		

11. **Firm's Bank Accounts**

- a. **Local Accounts**. Indicate in 'Remarks Column' whether the account is in local or foreign currency: -

<u>Ser</u>	<u>Bank</u>	<u>Branch</u>	<u>Account No</u>	<u>Remarks</u>
(1)				
(2)				
(3)				

- b. **Foreign Accounts**

<u>Ser</u>	<u>Bank</u>	<u>Branch</u>	<u>Account No</u>	<u>Remarks</u>
(1)				
(2)				

12. Indicate lead registration agency to which the firm is submitting its documents for registration (please indicate by ✓):

<u>Ser</u>	<u>Organization</u>	<u>Yes</u>	<u>No</u>	<u>Ser</u>	<u>Organization</u>	<u>Yes</u>	<u>No</u>
a.	DGDP			e.	POF		
b.	DGMP			f.	HIT		
c.	DG RD&E			g.	PAC		
d.	NRTC			h.	Karachi Shipyard		

13. Indicate any other organizations of the MoDP to register with (please indicate by ✓):

<u>Ser</u>	<u>Organization</u>	<u>Yes</u>	<u>No</u>	<u>Ser</u>	<u>Organization</u>	<u>Yes</u>	<u>No</u>
a.	DGDP			e.	POF		

b.	DGMP			f.	HIT		
c.	RD&E			g.	PAC		
d.	NRTC			h.	Karachi Shipyard		

14. Indicate the category of registration for which being applied (please indicate by ✓):

<u>Ser</u>	<u>Category</u>	<u>Yes</u>	<u>No</u>	<u>Ser</u>	<u>Category</u>	<u>Yes</u>	<u>No</u>
a.	Manufacturer			e.	Distributor		
b.	Stockist			f.	Auctioneer		
c.	General Order Supplier			g.	Freight Forwarder		
d.	Agent			h.			

15. Indicate the category of registration if other than above:

- a. _____
- b. _____

16. Detail of stores for which indexation is applied for (or attach a list in case number of items are more or attach/mention any other authentic documents e.g. Agency agreement, DRAP/Under Drug Act letter etc if there is no difference in stores/medicines to be indexed):

- a. _____
- b. _____
- c. _____

17. If applying as an Agent or a Distributor, mention Principals and their stores to be indexed:-

<u>Ser</u>	<u>Principals</u>	<u>Stores</u>
a.		
b.		

Note: Agents of local firms are not registered with the Defence Establishment.

18. Are you registered with any Defence Establishment e.g. other organizations of the MoDP, SPD, NLC, FWO or any establishment of the Services HQ etc? If so, please indicate: -

<u>Ser</u>	<u>Organization</u>	<u>Registration Number</u>	<u>Date of Registration</u>	<u>Date of Validity</u>	<u>Category</u>
a.					
b.					
c.					

19. Are you registered with any Government or Semi-Government set-up (other than the Defence Establishment)? If so, please indicate: -

<u>Ser</u>	<u>Organization</u>	<u>Registration Number</u>	<u>Date of Registration</u>	<u>Category</u>
a.				
b.				
c.				

20. Was your firm previously registered with any Defence Establishment including MoDP under any other name and defaulted in any Defence Contract? If so, please furnish details below (or attach a list of contracts separately): -

- a. _____
- b. _____
- c. _____

21. Has your firm ever been blacklisted / debarred by any of the Defence Establishment or Government / Semi-Government entities? If yes, please indicate the type of legal / administrative action taken against the firm and duration of such action: -

- a. _____
- b. _____
- c. _____

22. Is there any case against the firm in the court of law and any other

23. Indicate past performance of your firm with all types of Govt, semi-Govt, Civil and Military Organizations (attach list if required): -

<u>Ser</u>	<u>Contract</u>	<u>Organization</u>	<u>Contract Value</u>	<u>Completed / Not Completed</u>	<u>Remarks</u>
a.					
b.					

Note. State reasons of non-Completion in the 'Remarks' column. Past performance also include all types of defence establishment.

24. Is there any sister concern firm (whether registered or not)? If yes, then provide details: -

- a. _____
- b. _____
- c. _____

PART II
CHALAN FEE

25. Certified that I have deposited an amount of Rs _____ [in words and figures] in Govt treasury under Major Head C02501-20 Main Head-12 sub head-A, Miscellaneous Code Head 1/845/30 and a copy of the Chalan number _____ dated _____ is attached.

PART – III
UNDERTAKING

26. I certify that none of my near relatives (father, mother, sister, uncle, son, daughter or any other near relative with whom I would not like to compete in the open market) has registered any firm dealing in the same or similar type of stores/items. In case any such person attempts to do so, I undertake to inform the Directorate General Defence Purchase of this fact without any loss of time.

27. I certify that the information given in this proforma is correct to the best of my knowledge. I understand that in case it is found at any stage that information is incorrect or contrary to the facts/information given in the Application Form or if I failed to notify about any change within 30 days, the authorities concerned will cancel the Registration of the firm and the firm will be blacklisted and cross-debarred for upto ten years to do any business with the Defence Establishment and Government Agencies. I also undertake that any disciplinary action taken against the firm or its management will not be challenged in any Court of Law.

28. I understand that I am bound to intimate the Registration Section any change that occurs later.

(Signature of the MD/CEO)

Name: _____

Office Stamp :

(in block letters)

Designation: _____

Station: _____

Date: _____