<u>Guidelines for Pre-qualification / Enlistment</u> <u>Manufacturers/Importers/Suppliers/Vendors/Companies/Firms</u>

The following are the guidelines and criteria for Pre-qualification / Enlistment will be governed by the following requisites of pre-qualification as advertised:

- Comprehensive 'company profile', giving complete information of the company.
- Company status i.e., sole proprietorship, partnership, private limited or public limited.
- Operational locations, offices, branches, manufacturing units (with addresses).
- List of items in which company is currently dealing should be printed on company letter head.
- Bank statement of Last Two Years.
- Audited Financial Accounts of last 02 years (where applicable under the prevailing laws/regulations).
- A brief write-up on technical expertise and qualifications of key management.
- Certificates of NTN number, GST registration number, if registered.
- Registration documents in case of Private/Public limited.
- Tax Exemption Certificates (if applicable).
- List of existing corporate clients/customers (if available).
- Authorized / Sole Distributor Letter (if any).
- Applicant/ business entities applying for Pre-qualification/Enlistment with Allied Bank Limited to supply any type of products and services must be compliant with all the rules, regulations and laws of the Islamic Republic of Pakistan.
- Applicant shall submit a duly filled in and completed 'pre-qualification / enlistment Form' along with a non-refundable 'payment order' for **Rs.25,000/-** in favor of Allied Bank Limited, as processing fee.
- An Affidavit for Pre-Qualification with ABL shall also be required on stamp paper of **Rs.100/-** duly filled in / signed / stamped from the Applicant specifying that the vendor is not delinquent/blacklisted by any Bank / DFIs.
- An undertaking shall also be required on stamp paper of **Rs. 100/** from Vendor that the vendor is legally cleared from all concerned offices / authorities. The vendors also confirm that they are not involved in any illegal activity and or not part of any illegal activity or not face any legal charges. If vendor is found involved in any case as mentioned hereinabove, then the vendor will be given opportunity to clarify or justify it.
- In addition to above listed pre-requisite requirements / documents, Bank may ask any other document which deem fit on case-to-case basis.
- A declaration shall be given by vendor that provided list of owners / directors / partners are the Ultimate Beneficial Owner (UBO) of the company.
- The enlistment would not mean as confirmation of orders, procurement and or supplies under any circumstances under any category for which subsequently RFPs shall be called for obtaining prices and proposals. The Bank shall have the right for inspection of company's manufacturing unit, warehouses, distribution centers, branch offices etc., who have applied for pre-qualification, if required.
- The Bank would reserve the right to accept or reject any one or all pre-qualification/enlistment applications without assigning any reason/intimation.
- Account in any ABL Branch is one of the mandatory requirement of Pre-qualification.
- The Bank will regularly evaluate the performance of your company and if found not in accordance with the standards and quality required, the Bank will take actions as may be deemed appropriate.
- In case of any query / clarification, please call Mr. Farhan Jaffar Naqvi, ABL Head Office, Lahore (Office Tel No. 0423 5880043 Ext. 32249)

<u>Need to provide following information on Interested Entities</u> <u>on Letter Head duly signed and stamped</u>

Entity Details	Name of the Vendor	
	Registration #	
	Country of Incorporation	
	NTN #	
	GST #	
	Registered Office Address	

		Name
Sole Proprietor / Partner / Director / Beneficial Owner etc.	1	Identification (CNIC)
		Date of Birth
		Nationality
	2	Name
		Identification (CNIC)
		Date of Birth
		Nationality
	3	Name
		Identification (CNIC)
		Date of Birth
		Nationality
		Name
	4	Identification (CNIC)
	4	Date of Birth
		Nationality

	Account No.	
ABL Account Details	Account Title	
	Branch Code	

AFFIDAVIT/DECLARATION

(For Sole Proprietor)				
l, Mr	S/o	CNIC No	•	being sole proprietor of
M/s	having place of b	usiness at		, do hereby state on
solemn affirmation as	s under:			
		OR		
(For Partnership)				
We, Mr	S/o		CNIC No	and Mr.
	S/o	CNIC No		both being partners of M/s
	having place of busines	s at	· · · · · · · · · · · · ·	, do hereby state on solemn
affirmation as under:				

1. That I/We am/are the deponent of this affidavit and fully conversant with the contents of this affidavit.

- 2. That I/We have not been adjudged an insolvent.
- 3. That no execution of decree or order of any court is pending against me/us.
- 4. That I/We have not compounded with the creditors.
- 5. That I/We have not been convicted of any financial crime.
- 6. That I/We clearly understand that any active concealment or misstatement of above facts may lead to cancellation of my/our agreement with Allied Bank Limited.

Whatever has been stated above is true and correct to the best of my/our knowledge and belief.

DEPONENT (S)

NAME: CNIC NO: NAME: CNIC NO:

AFFIDAVIT/DECLARATION

(For Private/Public Limited Companies)

ABC, being a ______ company incorporated under ______ having its registered office

at ______ and place of business at ______ through its authorized representative(s) namely; ______ and _____ (hereinafter referred to as "Company") do

hereby state on solemn affirmation as under:

- 1. That the deponent(s) of this affidavit is/are fully conversant with the contents of this affidavit.
- 2. That the company has not been adjudged an insolvent.
- 3. That no execution of decree or order of any court is pending against the company.
- 4. That the company has not compounded with the creditors.
- 5. That the company has not been convicted of any financial crime.
- 6. That the company clearly understands that any active concealment or misstatement of above facts may lead to cancellation of its agreement with Allied Bank Limited.

Whatever has been stated above is true and correct to the best of our knowledge and belief.

DEPONENTS

Name: CNIC #: Designation: Name: CNIC #: Designation: