

## **Finance & Administration**

## **Procurement Department**

**Vendor Registration Form (V1)** 

Ref # Date: 07/07/2020

The Supplier /  ${\tt Vendor}$  Code will be given by NAC. Don't write anything in this box.

Supplier /Vendor Code			
Supplier / Vendor Name			
License No			
Validation of License			
Renewal of License			
Supplier Contact Nam/	نام :Name	وظیفه :Designation	منطح صلاحيت:Authorization Level
Phone	نمبر تلفن Phone No	فاكس Fax	تفصیلات Remarks
Email			
Address			
نوع تجارت /Type of Business			
نمونه تاپه شرکت /Stamp Sample		Area of Work (Provinces)/ ساحات کاری (ولایات)	
President Signature		/Sub Office Address آدرس دفاتر ولايتی	
Vice President Signature		Sub Office Contacts / نمبر دفتر ولایت <i>ی</i>	
Remarks تفصیلات			
Please fill in and return thi	s form to NAC Kabul Office, Nawai Wat	t Street No. 03, House No. 294,	Shahr-e-Naw, Kabul
For office use only: Registered By: Name:		Checked By: Name:	
Designation: Date: Signature:		Designation: Date: Signature:	