**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (DD/MM/YYYY) **Reference No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by the Head of the Company**

I, the undersigned, hereby declare that the answers submitted in the questionnaire are correct and accurate and where applicable, I hold relevant licences/approvals from competent authorities. I fully understand that the information provide by me will be used in the evaluation process to assess my organization's suitability to provide the services required by AKHMCF/other sister agencies within AKDN. Wherever warranted, I shall provide reasonable assistance and grant unfettered access to AKHMCF representative to visit my official premises, including manufacturing, storage and maintenance facility for the purposes of the services.

I understand that the information submitted on the online portal is subject to the review and approval by AKHMCF (which decision shall be final and binding) and merely completing the online registration process neither guarantees that my company will receive a request to bid/Purchase Order or a contract from AKHMCF nor does it imply that my company has any type of procurement relationship with AKHMCF/AKUH either at the time of submission or in the future. Further, I will ensure not to disclose any proprietary or confidential information available on AKUH’s eSupplier portal without the prior written consent of the AKUH authorized person.

I hereby confirm that all information provided, including but not limited to, name, address, bank account details, CNIC, NTN are accurate, correct, valid and complete and I shall be solely responsible and liable for any consequences that may arise in future due to such information provided by me. In case of any change in particulars of the details provided, I will inform AKUH in writing within reasonable time.

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Country of Registration:** |  |
| **Years in Business:**  |  |
| **Company Address:****⬜ Commercial Area ⬜ Residential Area**  |  |
| **Previous Year Annual Turnover:** | **Mention Currency** | **Mention Value** |
|  |  |
| **Number of Employees:** |  |
| **Tax Identification Number****⬜ Computerized National Identity Card****⬜ National Tax Number****⬜ Tax Identification Number (Foreign Suppliers)** |  | **Start Date**DD/MM/YYYY | **End Date**DD/MM/YYYY |
|  |  |
| **Do you have after hours/holiday standby support for customer emergencies? If Yes, provide details:** | **Name/ Designation** | **Email ID** | **Phone Number** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Do any of the following apply to your organization, or to (any of) the directors / partners / proprietors? (If answer to any question is yes, please provide explanation on separate page) | **Yes** | **No** |
| Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings |  |  |
| Has not fulfilled obligations related to payment of government taxes |  |  |
| Has committed an act of grave misconduct in the course of business including payment of bribe |  |  |
| Has been convicted of a criminal offence related to business or professional misconduct |  |  |
| Has been black listed by government or any other organization; nationally or internationally |  |  |
| Has employed a person younger than the age for completing compulsory education in the country of manufacture. In Pakistan, the age should not be less than 14 years. |  |  |
| In case of sole proprietor or partner of the company, have you ever served AKU/AKUH as an employee in last three years. |  |  |
| As per AKUH conflict of interest & disclosure policy, do you have any family member(s) i.e. spouse, parent(s), son, daughter, brother, sister or any other family relatives working at AKU/AKUH? If yes, please share details |  |  |

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| --- | --- | --- |
| **Name/ Designation** | **Signature**  | **Company Stamp** |
|  |  |  |