

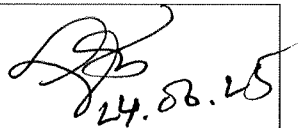
Vendor Enlistment Form

for



(Version: 2.1/2025)

A. Author Information

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B. Document History

Name	Version No	Approval Date	A/M/D/N	Description of Change	Document Owner	Approved By
Vendor Enlistment Form	2.1	24/06/2025	N	N/A	UCEP Bangladesh	Top management

* A= Added, M= Modified, D= Deleted, N= New Published

- Completion of this form does not lead to automatic qualification as UCEP Bangladesh vendor or ongoing work carried out by UCEP Bangladesh. UCEP Bangladesh reserved the right to invite providers using its own discretion and approved policies, within the prescribed National Regulations.
- Contractor must follow the UCEP Bangladesh Child Protection and Protection from Sexual Exploitation, Abuse (PSEA) & Harassment policy.
- All information will be treated as confidential (as far as legally permitted)
- UCEP BD reserve the right to request additional information and/or physical site verification and/or verification of information supplied
- You must inform UCEP BD' procurement department of any future changes in information
- ALL information must be completed in full in writing. (Can be written in English/Bangla)
- Can attach extra papers/supplements if more space needed. Indicate the clause number on the supplement.

1. Name of vendor:
2. Category of business:
3. Existing vendor ☐ New vendor ☐
4. Address of the vendor:
5. Name and Designation of the contact person:
6. Email of the contact person:
7. Cell no of the contact person
8. Name and Contact no. of owner:
9. Updated Company Profile
10. Date of establishment/incorporation:
11. Registration no. of firm & date & registration authority (Trade license, joint stock register etc.)
12. E-TIN no
13. Last TAX return submission date:
14. Vat Registration no:

15. Supplying goods/service to similar organization:
Yes ☐ No ☐
If yes name of the organization(s):
16. Bank account details:
17. Bank Solvency:
18. Work experience Certificate:
19. National ID Card photocopy of Business owner:
20. Any other details:

Signature and seal of the owner or authorized
signatory

Name:

Designation:

Date:

*Note: Please attach had copy of all the necessary documents i.e .TIN, VAT To be filled up by the
Organization*

Comments on the vendor's eligibility:

Decision for enlistment¹:

¹ For eligible vendor preserve all the data and documents and update the enlisted vendor list

