



Integrated Health Services

Integrated Health Services (IHS)

**House No. 6, Street No. 48,
Sector F-8/4
Islamabad, Pakistan**

SUPPLIERS' PROFILE FORM

All pages to be completed by Supplier and submitted to IHS

Requested information is for IHS official use only and will be treated as confidential

IHS fully subscribes to the Convention on the Rights of the Child and draws the attention of Potential suppliers to Article 32 of the Convention which inter alia requires that a child shall be protected from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

IHS reserves the right to terminate any contract unconditionally and without liability in the event that the supplier is discovered to be in non-compliance with the national labour laws and regulations with respect to child employment.


I, representing the Company, acknowledge and ensure the Company's compliance with the above statements:

Name and Title: _____

Signature: _____

Date: _____

(Please TYPE or PRINT)
(Attach additional pages if space provided is not enough for information).



Section 1: General Information

1. Name of Company:

1.1 Parent Company (if applicable).....

2. Full address of the company:

Street :....., Post Box No. :

City:, State:

Country:

3. Telephone No. :

4. Fax /Telex No. :.....

5. Name and title of contact person:

6. Type of organization: (one X only)

State enterprize: Private company: Other:

Under control of:

Year established::

7. Activity Category:

Manufacturer: Consultant: Builder: Freight Forwarder:

Trading Company: Authorized Agent: Other (please specify):

.....

.....

8. Number of employees (full time):Part time hiring:

9. If Agent/Trading house, do you hold sole/exclusive rights/license? Yes No

(If yes, please state name and address of Principals and attach documentation):

Name	Title
.....
.....
.....

Section 2 : Financial Statement

10. Registration/Incorporation: (please provide Incorporation Certificate, and Certificate of Name Change, if applicable) Number:

11. Bank name and address :

12. Bank account number: (US\$)

 Bank account number: (Pak Rs.)

13. Payment methods: Account transfer

14. Audited Financial Statement: Yes No (please tick correctly)

15. Gross annual turnover: Current year estimate (Pak Rs.)
 Last year (Pak Rs.)

16. Annual export turnover: Current year estimate (Pak Rs.)
 Last year (Pak Rs.)

Section 3: Activities

17. Previous contracts (during the last 2 years) with National / International or Governmental Organizations/Private Companies, for above products/services:

<u>Date</u>	<u>Value</u>	<u>Product</u>	<u>Organization</u>	<u>Name/address</u>
(provide at least three references):				
1.
2.
3.
4.

18. Main products/services offered (please provide product list or catalogue if available):

Section 4 : Other Information

19. Storage/warehousing capacity (in square feet):

Transportation: Yes No (If yes, please specify number, type and capacity)

20. Approved standard (IS/BS/USP, etc):
(Please attach copy of the Certificate (s))

Should your company have a Quality Assurance Policy, please indicate person(s) responsible together with title and telephone number:

1)

2)

Any other information (tick as applicable): Yes No (if yes, please specify. Use additional paper if needed)

21. Membership of National/International Associations?
(Tick as appropriate Yes No (if yes, please provide a copy of relevant document)

22. Is your company covered by a third party liability insurance?
(Tick as appropriate Yes No (if yes, please provide a copy of relevant document)

I hereby certify that the information provided above and in all the annexes is correct and that no person in any connection with this establishment, as a supplier for providing material, supplies or services, or as a principal or employee, is employed by IHS, or barred by IHS.

Name:

Title:.....

Date:.....

Signature:.....

