Annexure – APPON Vendor Registration Form

Company Name :
Telephone : Email : Website :

Point of Contact/Name/Title :
Contact Phone : Contact email:

Company Overview:

General Details of Services/Goods:

Date Company Established :
Gross Annual Sales :
Geographical Service Area :
Legal Structure :

Business Type: **Years previously registered:**

Sister Concern [if any] :
References [if any] :

Briefly explain about your product, services and experience. Also briefly document the process used, your production capacity, facilities and related information.

Product List [attached] :
Employee Strength :
Number of Site/Branches :
Provide details of your specialty :
Do you have any objection to our representative visiting your works : Yes [ ] No [ ]

Certification

I hereby affirm that all the information provided is true and accurate to the best of my knowledge and belief.

Typed Name : Title : Signature: Date:

BANK DETAILS

Bank Name	: Nepal SBI Bank Limited
Branch	: Lainchour Branch, Kathmandu, Nepal
Account Name	: Nepal Aushadhi Utpadak Sangh
Account Number	: 177 252 402 009 49
Swift Code	: NSBINPKA
IFSC Code	: SBIN0004430

Or

Bank Name	: EVEREST BANK LTD
Account Name	: Association pharmaceutical Producers of Nepal (APPON)
Account Number	: 01 000 105 200 423
Swift Code	: EVBLNPKA
Address	: Everest Bank Ltd, Teku Branch, Kathmandu, Nepal

Vendor Registration Annual Fees USD 75