

VENDOR REGISTRATION FORM

Company Name:	
Company Address:	
Contact person Name and Designation	
Contact Address:	
Owner's Name:	
Telephone No:	
Email Address:	
Services or Goods applied for	

Firm Registration Date:			
VATNO:			
Number of Employees:			
Total Turnover of Last Fiscal Year:			
EXPERIENCE			
Name of Client	Nature of Work (Goods/ Service Supplied)	Transaction Value	Fiscal year

Banking Information

Bank Name:

Account Holder

Name: Branch Address:

Account Number:

Declarations

I, hereby declare that all the above information is true to the best of my knowledge and belief. Khalti Private Limited has permission to verify any information provided as necessary. I fully understand that is unlawful to knowingly make any false statement or representation on this registration form.

Signature:

Name:

Designation:

Stamp:

Date: