



**Vendor/Supplier Profile Form**

[ All pages to be completed by Vendor and submitted to PPD ]

**a) General Information:**

Name of the vendor: \_\_\_\_\_

Full address: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

**b) Contact person authorized to deal on behalf of the vendor:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email address \_\_\_\_\_

**c) Legal Information:**

Year of established: \_\_\_\_\_ No. of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Name of the Legal Bodies registered with: \_\_\_\_\_

Company Incorporation/Registration No: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

VAT Number: \_\_\_\_\_

**d) Type/Activity/experience:**

1. Organization category (put tick mark):

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

2. Activity category (put tick mark):

Manufacturer: \_\_\_\_\_ Consultant \_\_\_\_\_ Service provider \_\_\_\_\_

Trading company \_\_\_\_\_ Others (please specify): \_\_\_\_\_

3. Number of years with this business: \_\_\_\_\_

4. List of products/services offered by your organization (you may also attached a detail list) :\_\_\_\_\_

5. Authorized agent/dealer (if applicable):

6. Do you hold sole/exclusive rights/license in case of Agent/Trading House? \_\_\_\_\_  
(If yes please state name and address of Principals and attach documentation):

7. Work Experience (put at least three organizations you recently work with):

*Organization-1:*

• Company Name and full address: \_\_\_\_\_

• Contact person, telephone, e-mail: \_\_\_\_\_

• Service offered to the organization : \_\_\_\_\_

• Sales generated from the organization (annual): \_\_\_\_\_

*Organization-2:*

• Company Name and full address: \_\_\_\_\_

• Contact person, telephone, e-mail: \_\_\_\_\_

• Service offered to the organization : \_\_\_\_\_

• Sales generated from the organization (annual): \_\_\_\_\_

*Organization-3 :*

• Company Name and full address: \_\_\_\_\_

• Contact person, telephone, e-mail: \_\_\_\_\_

• Service offered to the organization : \_\_\_\_\_

• Sales generated from the organization (annual): \_\_\_\_\_

**e) Financial Information:**

1. A copy of the financial statements of your organization is to be submitted if your company is to either:

- Do business with PPD to exceed USD 15,000 annually, or
- Would like to be considered for an LTA (long-term arrangement) award(s).

2. Annual sales of the organization (last three years):

Year-1: \_\_\_\_\_ Year-2: \_\_\_\_\_ Year-3: \_\_\_\_\_

**f) Others:**

1. Do your organization has any approved standards (ISO, FDA, GMP, etc):

2. If yes please specify \_\_\_\_\_

(Certificates of approval to be attached)

3. Do you have any Membership of National / International Associations? :  
(if yes, please enclose list of names)

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 PPD, or barred by PPD.

I also understand that falsified or misleading information could result in disqualification as an enlisted/ potential vendor for PPD.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_