



## CUSTOMER PROFILE FORM

Registered Name:			NTN:	
			STRN:	
Trading Name:			Office Tel:	
Registered Address:			Factory Tel:	
Factory Address:			Fax:	
Type Of Company:	Public - Private Limited - Proprietorship - Partnership		Email:	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Owner/Director (s)	1.	Tel:		
	2.	Mobile:		
Purchase Contact: (If other than above)		Finance Contact: (If other than above)		
Name:		Name:		
Designation:		Designation:		
Contact Number:		Contact Number:		
Email:		Email:		
Est. Business Capital (In Pak. Rs.):		Estimated Turnover Yearly (Volume):		
		Estimated Turnover Yearly (Value):		
Bankers Name:		Trade References (please specify at least 2 major suppliers other than competitors):		
Bank Address(Branch code):		1.		
		2.		
Business History:	Established since:	Business Type:	Manufacture	<input type="checkbox"/>
			Trader	<input type="checkbox"/>
Products Being Manufactured:		Products Being Imported:		
1.	3.	1.	3.	
2.	4.	2.	4.	
Sister Concerns (If any):		Customer's Authorized signature with designation, seal and date:		
1.				
2.				
3.				
<b>For Office Use Only</b>				
Department Review(Product Manager / Dep. Head):				
Recommendation (Must for New Customer):				
Date:		Signature:		
Status		Signature:		