**INVITATION FOR PRE-QUALIFICATION**

**Background**

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**Pre-qualification Document (PQD)**

For eligibility to enter into license agreement for printing and distribution of study material(s), required information as follows is requested. The required information together with supporting document(s) where required are to be submitted at studypacks@icap.org.pk.

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| **S. No** | **Required Information** | **Details** |
|  | Company Name:  |  |
|  | Name of Representative |  |
|  | CNIC |  |
|  | Email address: |  |
|  | Contact number: |  |
|  | Full Address:  |  |
|  | Official Website |  |
|  | Sales tax number: |  |
|  | NTN number. |  |
|  | Company Profile (including business activities, history of business and clientele) |  |
|  | Previous Printed Title (s) : |  |
|  | Financial Status (Recent audited accounts, history of insolvency if any and annual turnover) |  |
|  | Current Commitments (Details of in progress and future commitments together with resource availability to take this license agreement )  |  |
|  | Litigation (pending or ongoing investigation/ arbitration/court cases, breach of Contract and disputes) |  |
|  | Any other additional information or disclosures |  |

I confirm that the above information and those submitted along with this communication is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized representative

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

Designation:\_\_\_\_\_\_\_\_\_\_

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