

PIONEER SERVICES

To

**Bank AL Habib Limited 06 Aug 2024**

Administration Division

Center Point Building,

Shaheed-e-Millat Expressway

KPT Interchange, Qayyumabad,

Karachi – Pakistan.

Subject: **Vendor Enlistment / Record Update**

Dear Sir,

We are interested in registering / update our record with you as “Supplier / Vendor / Service Provider / Distributor / Principal Agent”.

The complete details, in all respect, are mentioned below. The information provided in this letter is correct to the best of our knowledge and based on documents. We undertake to furnish the originals of any or all the related documents on demand by BAHL.

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| --- | --- | --- | --- | --- | --- |
| **Company Details** | | | | | |
| 1 | **Company Name (Registered Name)** | **PIONEER SERVICES** | | | |
| 2 | Registered Address: | 2-C 1ST FLOOR SUNSEL LANE 1 PHASE 2 EXTENSION DEFENCE HOUSING AUTHORITY KARACHI. | | | |
| 3 | Business Contact | **Tel : 021 35881523 02135890307** | | | **Fax: N/A** |
| 4 | Business Cell No | 0300-8208971 | | | |
| 5 | Business Email ID | INFO@PIONEERMEP.COM | | | |
| 6 | Registered Office Property Status: | |  |  |  | | --- | --- | --- | | **If Owned** | **Copy of Sale deed is required** | | | **If Rented** | **Tenancy Agreement is required** | **Expiry Date \_\_\_\_\_\_\_\_\_\_** | | | | |
| 7 | Date of Establishment | 08 NOV 2014 | | | |
| 8 | Nature of Business:  (Please tick) | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Importers** |  | **Exporters** |  | **Distributors** | |  | **Suppliers** |  | **Manufacturers** | **🗹** | **Services Providers** | |  | **Principal Agents** |  | **Others \_\_\_\_\_\_\_\_\_\_** |  |  | | | | |
| 9 | Status of Firm: (Please tick) | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Private Limited** |  | **Sole Proprietorship** | **🗹** | **Public Ltd (Listed)** | |  | **Public Ltd (Unlisted)** |  | **Branch Office** |  | **Liaison/Rep. Office** | |  |  |  | **Others \_\_\_\_\_\_\_\_\_\_** |  |  | | | | |
| 10 | Co. Registration # (for Pvt Ltd Co.) | Reg # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach certificates) | | | |
| 11 | NTN & STRN NO: | **NTN: 4312149-7** | | **STRN: 4312149-7** | |
| 12 | Documents with regards to status of company  (Please tick) | |  |  |  |  | | --- | --- | --- | --- | |  | **Form - 29 & Form - A** |  | **Partnership Deed** | |  | **Sole Proprietorship (Individual – NTN)** |  |  | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 13 | **DIRECTORS/ OWNERS NAME** | **CNIC / Passport No.** | **Father (F)/ Husband (H) Name** | **Date of Birth** | **Date of Issue of CNIC/ Passport** | **Residential Address as per CNIC** | | a | M. BILAL HABIB | **42301-0909260-5** | **F/H M. HABIB UR REHMAN** | **10-11-1979** | **15-10-2020** | **House # 2-C DHA phase II EXT** | | b | NADEEM IQBAL |  | **F/H** |  |  |  | | c |  |  | **F/H** |  |  |  | | d |  |  | **F/H** |  |  |  | | e |  |  | **F/H** |  |  |  | | | | | | |
| 14 | POINT OF CONTACT (POC) | | |  |  | | --- | --- | | **Name :** M. BILAL HABIB | **Designation : DIRECTOR** | | **Cell No: 03008208971** | **Email: info@pioneermep.com** | | | |
| 15 | DETAILS OF QUALIFIED STAFF:  (Attach a separate sheet if required) | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sno** | **Employee Name** | **Designation** | **CNIC / Passport No.** | **Date of**  **Appointment** | |  | List attached |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| 16 | Undertakings as of SBP BPRD No.13 dated 11.12.2014 | | To be printed on Rs.100/- bond paper  (Draft attached) | | |
| 17 | MAJOR CLIENTS (Certification of Work Completed)  (Attach a separate sheet if required) | | |  |  |  | | --- | --- | --- | | **Sno** | **Client** | **Value of last project** | |  | List attached |  | |  |  |  | |  |  |  | |  |  |  | | | |
| 18 | Cities where support / services are available in Pakistan | | KARACHI LAHORE ISLAMABAD | | |
| 19 | Advise which product category vendor is applying to get enlisted | | HVAC, FIRE FIGHTING AND PLUMBING | | |
| 20 | Bank Account in any BAHL Branch | | |  |  | | --- | --- | | BAHL A/c # |  | | Branch Name |  |   (Also fill Disbursement Form attached) | | |

We undertake to inform you at the earliest any change in details mentioned above.

**Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date & Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**