

Transparency International Bangladesh KYC Form

*The information provided will be used to evaluate the Company before contracting with the TIB.
Please complete all fields {Fields marked (*) are mandatory}.*

Vendor Information

*Company/ Consultant Name			
Names of sister concern (if any)			
*Name of Company Owner	1.		2.
	3.		4.
*Owner NID Card Number			
*Address			
Website (If available)			
*Phone Numbers	Land line:	Mobile #	
*Primary Contact Person Details	Full Name:		
	Phone:	Email:	
Number of branch offices			
Company Establishment date			
Total Length of Company Experience (In Year)			

Financial Information

*Bank Name	
*Branch Name	
*Bank Address	
*Account Name	
*Account number	
*Routing Number	

Product/Service Information

List Range of Products/Services Offered	
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Documentations as applicable:

* Trade License / Registration No.	
* Trade License Validity (up to):	
* TIN number	
* BIN Number (13 Digit)	

Self-Declaration:

- Vendor hereby declares that, to the best of its knowledge, no TIB employee, officer, consultant or other party related to TIB has a financial interest in the Vendor’s business activities.
- Vendor hereby declares that, to the best of its knowledge, no TIB employee, officer, consultant or other party related to TIB has a family relationship with the vendor’s owners.
- Discovery of an undisclosed conflict of interest will result in immediate termination of any Agreement and disqualification of Vendor from participation in current and future TIB activities.
- Vendor hereby warrants that the organization is not conducting business under other names or alias’s that have not been declared to TIB.
- Vendor hereby warrants that it does not engage in theft, money laundering activities, corrupt practices, collusion, nepotism, bribery, trade in illicit substances, or terrorism or support of terrorism.

References (minimum 3)

Client Name:	(Name, Designation, Company Name, Cell# & Email address)
Client Name:	
Client Name:	

Vendor Name:
Signature:
Title:
Name:
Date: