GENERAL FIRM'S INFORMATION
(Manufacturer of Drug Medicine)

I. Company Profile.

1. Name of company:

Year established:

Form of company : [ ] Individual
[ ] Partnership
[ ] Corporation
[ ] Other (specify)

2. Legal status: _____

Trade registers number: _____

NTN & Sales Tax number (If applicable): _____

Mfg. License Number: (attach valid copy): _____

3. Address of Company: _____

Telephone: _____ Tele/Fax: _____

E-mail: _____

4. **Employees of the Manufacturer**

Sr No.	Category	Quantity
1.	Management	
2.	R &D	
3.	Sales	
4.	Administrative	
5.	Production and quality control	
6.	Others (specify)	
	Total	

Please attach the company organizational chart

II. QUALITY DEPARTMENT

1. Do you maintain your own quality control laboratory?

[ ] YES [ ] NO (if NO please provide details of alternate arrangements)

2. Number of specialized personnel working in your quality control, quality assurance and microbiological laboratory/ies (excluding administrative personnel). Provide their academic and professional details on a separate sheet.

Pharmacists: _____
Chemists: _____
Others : _____

3. List of Equipment installed in quality control, quality assurance and microbiological laboratory/ies for quality assurance as per BP/USP.

_____

_____

4. Are these equipment calibrated & validated.

[ ] YES [ ] NO

5. Are all raw materials completely tested prior to use or is a Certificate of Analysis accepted?

[ ] YES [ ] NO [ ] Certificate of Analysis

6. Are control samples of each batch retained?

[ ] YES [ ] NO

7. Name and title of the authorized person (s) responsible for batch release:
Name:_____

Title: _____

Experience in pharmaceuticals: _____ years

8. Name and qualification of the head of the Quality Control department:

Name: _____

Qualification: _____

Experience in pharmaceuticals: _____ Years

9. **Describe your storage facilities:**

_____

Arbitration History (if any): _____

Authorized Sole agent for Foreign Principal's Qualification (Drug Medicine)

I. Company Profile.

1. Name of company: _____

Year established: _____

Form of company : [ ] Individual
[ ] Partnership
[ ] Corporation
[ ] Other (specify)

Legal status : _____

Trade registers number : _____

NTN & Sales Tax number:

Valid sole agency agreement (attach valid copy)

2. Address : _____

Telephone : _____ Tele fax: _____

E-mail & Web : _____

Please attach the company organizational chart

3. Type of activity carried out by the company (tick the appropriate category/ies)

[ ] Manufacturer
[ ] Branded products
[ ] Generic products
[ ] Medical supplies
[ ] Other products (specify below)

(In case Sole Agent is authorized for more than one Principal then detail/s of each Principal).

4. Employees of Sole Agent:

Sr No.	Category	Quantity
1.	Management	
2.	R &D	
3.	Sales	
4.	Administrative	
5.	Production and quality control	
6.	Others (specify)	
	Total	

6. Capital value of the company (specify currency)

(a) Authorized capital: _____

(b) Paid up capital: _____

(c) Administration: _____

7. Annual sales turnover in the previous one year. Mention Private Sector and Public Sector sales separately (in Pak Rupees) (In Million)

Annual turnover	Open market sales	Public Sector Sale	Year

8. Arbitration History (if any): _____

9. Describe your storage facilities:

_____

Authorized Distributors for Qualification (Drug Medicine)

I. Company Profile.

1. Name of company: _____

Year established: _____

Form of company : [ ] Individual
[ ] Partnership
[ ] Corporation
[ ] Other (specify)

Legal status : _____

Trade registers number : _____

NTN & Sales Tax number:

Valid Distribution agreement with the Principal (attach valid copy)

2. Address : _____
Telephone : _____ Tele fax: _____
E-mail & Web : _____

3. Type of activity carried out by the Principal (tick the appropriate category/ies)

[ ] Manufacturer
[ ] Branded products
[ ] Generic products
[ ] Medical supplies
[ ] Other products (specify below)

(In case Distributor is authorized for more than one Principal then add detail of each authorized firm)

4. Employees of the Distributor:

Sr No.	Category	Quantity
1.	Management	
2.	Sales	
3.	Administrative	
4.	Distribution	
5.	Others (specify)	
	Total	

5. Capital value of the Distribution (In PKR) _____

6. Annual sales turnover in the previous Three years. Mention Private Sector and Public Sector sales separately (in Pak Rupees) (In Million)

Year	Open market sales	Public Sector Sale	Annual turnover

7. Stock Storage Capacity mention area in Sqft. _____

8. SOP's regarding Cold chain Maintenance: (Attach Copy) _____

9. Arbitration History (if any):_____