

# **VENDOR GAZATTED/ NON GAZATTED REQUEST**

**Name of Official:** \_\_\_\_\_

**Father Name** \_\_\_\_\_

**CNIC No** \_\_\_\_\_

**Personal No** \_\_\_\_\_

**Cost Centre** \_\_\_\_\_

**Deptt: Name** \_\_\_\_\_

**Bank A/C No** \_\_\_\_\_ **Bank Code/Branch** \_\_\_\_\_

***Signature & Seal of the DDO***

***Signature of Employee***

**Documents:Attached:**

**1:Copy of attested CNIC**

**2:Payslip**

**3:cheque photocopy**

-----

**AG OFFICE USE ONLY**

**SIGNATURE OF( DATA CONTROL OFFICER)**

Vendor No -----

**Cutting / overwriting not acceptable.**