

**Registration Form**

(Please provide the information)

Date:

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Name of the Client (Company/Organization Name)	
Contact Person (Name & Designation)	
Address of the Client (Including Tel, Fax, E-mail)	House/Flat/Holding No: Street/Village Name: Thana: District: Zip/Post Code: Tel: Fax: E-mail: Web:
Type of Organization	Group of Company/Limited/ Proprietorship/ Research Organization/ Personnel/Student
Group of Company Name (if any)	
Nationality (Contact Person)	
National ID/Passport Number (Contact Person)	
Mobile Number (Contact Person) (for Notification/Verification by SDS)	
E-mail ID (Contact Person) (for Notification/Verification by SDS)	
Head of Organization (Name & Designation)	
Country (Head of Organization)	
Mobile Number (Head of Organization)	
E-mail ID (Head of Organization)	
Incorporation Certificate (if any)	Soft or Hard Copy should be submitted
Trade License/Student ID (Mandatory)	Soft or Hard Copy should be submitted
TIN Certificate (if any)	Soft or Hard Copy should be submitted

I hereby declare that the information provided are true and correct. I also understand that any willful dishonesty may render for refusal of this application or immediate termination from getting any type of services from BRiCM. I/we do agree to follow all the rules and regulating of services of BRiCM.

Signature
(Authorized Client/
Client Representative)

TO BE USED BY BRiCM
(Acknowledgement receipt of Registration)

Signature
Officer-in-charge
Service Delivery Section (SDS)

BRiCM

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