

DECLARATION

It is mandatory to declare;

- Any changes / update to the information provided in the registration form and should be submitted to Waste Management Corporation Limited along with the revised documents.
- All Conflict(s) of Interests to any WAMCO employee/WAMCO Board of Directors/any vendor, financial, non-financial or otherwise.
- Any Related Parties

The disclosure must be made as per below table (leave blank if not applicable)

Employee/Director Name	NID No.	Designation & Department	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I/We hereby agree that:

- All information provided in this form is true and correct to the best of my/our knowledge.
- Payment will be effected after complete delivery of goods / services as per the Purchase Order/POC/WOC

Name _____
NID No.

Designation _____
Contact No.

Email Address

Authorized Signature and Seal _____
Date