Public Procurement
Regulatory Authority
E- Pak Acquisition & Disposal System

E-Pak Acquisition & Disposal Sytem (EPADS)

Head of Department Form

1. Personal Information

First Name :

Last Name :

CNIC :

2. Official Information

Ministry/Department :

Designation :

Name of Procuring Agency/Office :

Name & Designation of Supervising/Controlling Officer :

3. Contact Information

Official Email :

Official Mobile no : +92

Official Landline no : +92

4. Adress Information

Capital/Province :

District :

Division :

Tehsil :

Office Address :

Special Instructions:

- Please provide an **official email** address associated with your Ministry/ Department. **(no personal email address and cell phone no)**
- Ensure that the mobile number entered is your **official contact number**.
- Enter your complete and accurate office address, including all necessary details.
- **Review all information carefully before submitting the form.**

☐ **I acknowledge that the information provided above is true, complete, and accurate.**

Date : _____ **Signature :** _____

Public Procurement Regulatory Authority
E- Pak Acquisition & Disposal System

E-Pak Acquisition & Disposal Sytem (EPADS 2.0)

Account Opening Form (Non Procuring & Procuring Agency)

❗ ***Note*** Submission of form of Head of the Organisation (i.e Secretary/MD/Chairman etc) is mandatory

1. Personal Information

*First Name(s) :

*Last Name :

*CNIC :

☐ Procuring Agency ☐ Non Procuring Agency

❗ *Note*

Procuring Agency: User who can initiate and perform procurement activities for his office.

Non Procuring Agency: User who can view procurement activites of his subordinate procuring agencies but cannot initiate or perform procurement activites.

2. Contact Information

*Official Email :

*Mobile no : +92

Official Phone no :

❗ *Note*

Please provide an official email address. If your Ministry/Division/Department does not have an official domain, please create an email ID using services such as Google or Yahoo etc.
e.g **deputydirector.ppra@gmail.com**

3. Official Information

*Ministry/Division/Department :

*Next Higher Officer (Name & Designation) :

*Designation of the user of this account :

*Name of Office/Procuring Agency :

*Source of Funds : ☐ Government ☐ Self Owned

DDO Code :

❗ *Note*

DDO code is mandatory only for Procuring Agencies which receives their payments through **AGPR**.

4. Address Information

*Capital/Province :	*District :
*Division :	*Tehsil :
*Office Address :	

Special Instructions:

- The fields with an asterisk (*) are mandatory fields.
- Provide complete Information on the prescribed account opening forms.
- EPADS Version 2.0 allows only one account per CNIC, official email ID, & cell phone number.
- Accounts to be opened in a hierarchical manner as per departmental hierarchy.
- Review all information carefully before submitting the form.

☐ **I acknowledge that the information provided above is true, complete, and accurate.**

Date : _____ **Signature :** _____