

Company Details

Name of the Firm:

Address :-

Country Code	STD Code	Nos.	E - Mail:	<input type="text"/>
Tele No. (O): <input type="text"/>	<input type="text"/>	<input type="text"/>	Web Site:	<input type="text"/>
Fax No.(O): <input type="text"/>	<input type="text"/>	<input type="text"/>		
Mobile No. (O): <input type="text"/>	<input type="text"/>			

Name & Designation of Principal Officers/Persons to be contacted

No.	Name of the Person	Designation	Qualification	Contact No.	Place
1					
2					

Nature of Business (Please Tick any One)

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Sole Selling Agent	<input type="checkbox"/> Dealer	<input type="checkbox"/> Trader
<input type="checkbox"/> Agent	<input type="checkbox"/> Assembler		

Nature of Company (Please Tick any One)

<input type="checkbox"/> Proprietary	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private	<input type="checkbox"/> Public Ltd.
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Year of establishment:

Values of Investment in Plant & Machinery: Rs. Lacs

MSME unit or Not Enterprise Registration No. Date:

If Company, give CIN No: Date

Local TIN Sales Tax No: Date

Central TIN Sales Tax No.: Date

ECC Reg. No. & Range: Date

Service Tax Reg. No.: Date

PAN No.: Date

GST No.(Provisional): Date

EPF No.: Date

ESI No.: Date

{ Attach copies of registration for all the above }

ISO/ISI/Other certification

Are you registered with ISO/ISI/Other? Yes No

If Yes, please enclose the copy of the certificate

If No, whether you are in process to acquire? Yes No

If Yes, expected date of receipt of such certification:

Factory / Offices Details

No. of Factories: No. of Offices:

No.	Address of Factories / Offices	State	Phone No.	Fax No.	Mobile No.	E - Mail
1						
2						

Name of the Items Produced/Products/Processed /Services provided:-

Financial Details of Last Three Years (Rs. in Lacs)

No.	Year	Production	Annual Turn Over

List of Five Main Clients

No.	Name & Address of the Company	Contact Person & Designation	Phone. No	Fax No.	Product Supplied	Value of supplies during last 3 years		
Miscellaneous Data								
Total No. of Employees including HO, Factories, QC Lab., Sister Concern, etc.:				<input type="text"/>				
Address of the Branch Offices in India								
No.	Address of Branch Office	Phone No.	Fax No.	Contact Person				
Bank Details								
Name & Address of Banker :								
Bank Account No :			IFSC No. :			Swift Code:		
{ Attach cancelled cheque or front page of bank statement }								
Whether any of your relative is working with us: (If Yes, please provide details)								
DECLARATION								
The above information is true in all respects and we undertake to inform you if any change in the above particulars regarding our business from time to time.								
Place :				Signature of Authorised Representative				
Date :				under proper seal				
Note # Vendor registration is mandatory and any changes in the declared particulars should also be updated periodically as and when it takes place.								