



CONFIDENTIAL

FM/MGM/MOM/13/7

REGISTRATION FORM FOR VENDORS

1. NAME OF THE VENDOR : _____
2. ADDRESS OF BUSINESS : _____

3. CONTACT PERSON : _____
4. CONTACT PHONE & MOBILE NO. : _____
5. EMAIL ID. : _____
6. TYPE OF SUPPLY : _____
7. DETAILS OF REGISTRATION / LICENSE NO. : _____
SHOP ACT LICENCE (Attach photocopies)
8. CST No. /GST.No. / TIN No. /DRUG LICENCE : _____
(Attach photocopies)
9. BANKERS NAME : _____
10. ANNUAL TURNOVER : _____
(Attach Copy of Balance sheet)
11. LIST OF CLIENTS : _____
(Attach Copy)
12. AUTHORISED DEALERSHIP DETAILS : _____
(Attach Copy of Manufacturing License Registration & Dealership Certificate)
13. APPROVED PRUDUCT LIST (Compulsory) : _____
14. ACCEPTABILITY TO DOOR DELIVERY : YES / NO _____
15. EXPERIENCE / STANDING IN SUPPLY FIELD : _____
16. PAYMENT TERMS : _____
17. WILLINGNESS TO ACCEPT RATE CONTRACT : YES / NO
IF YES, STATE ACCEPTABLE PERIOD OF
RATE CONTRACT : _____ 20 TO _____ 20
18. ANY OTHER INFORMATION OF INTEREST : _____