



Banaskantha District Cooperative Milk Producers' Union Ltd.,

Banas Dairy, Post Box No. 20, Palanpur : 385 001, Phone : 253881 to 253885

Fax: 02742-252723, e-mail : admin@banasdairy.coop, web : www.banasdairy.coop

VENDOR REGISTRATION FORM

Please mark all such columns as NOT APPLICABLE where you cannot provide informatio .

| ADDRESS | |
|--|-----------|
| Name of the Vendor *Mandatory (This shall be the registered name of the firm. With the same name payments to party will be released) (CAPITAL LETTERS) | |
| Address of Head Office *Mandatory | |
| Street - 1 | |
| Street - 2 | |
| City | |
| District Name | |
| State | |
| Pin Code | |
| Telephone (1) LL : (2) Mob : | STD Code: |
| Fax | |
| Email-id | |
| Company Web Site (if any) | |
| Name and Designation of Contact Person(s) | |

Note :- If HO Office /Branch Office / Factory having in different state please give Bank details / Tax Details in separate sheet.

| Address of Branch (If any) | |
|---|--|
| Street - 1 | |
| Street - 2 | |
| City | |
| State | |
| Pin Code | |
| Telephone | |
| Fax | |
| Email-id | |
| Name & Designation of Contact Person(s) | |
| Address of Factory / Factories / Subsidiaries / Sister Concerns (If any) | |
| Street | |
| City | |
| State | |
| Pin Code | |
| Telephone | |
| Fax | |
| Email-id | |
| Name & Designation of Contact Person | |

Please use separate sheets if required

| ORGANIZATION DETAILS | | | | | | | | | |
|---|--|---------------|--------------------|--------------------|----------------|-------------------------------------|--|--|--|
| Status of Organization Tick (✓) appropriate option. | Proprietary / Partnership / Company / LLP | | | | | | | | |
| Name of Business | | | | | | | | | |
| Nature of Enterprise Investment in Plant & Machinery: * Mandatory if applicable and pl. mention the MSMED Registration No. Date and Category micro, small, Medium IF NOT, PLEASE MENTION N/A If you are under MICRO, SMALL & MEDIUM ENTERPRISES DEVELOPMENT (MSMED) ACT 2006. MSMED Registration Certificate is required. | | | | | | | | | |
| Year of Establishment | | | | | | | | | |
| Registration Number (as per certificate from ROC/ Registrar of Firms. | | | | | | | | | |
| Name & Address of the Owner / Partners / Directors | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"><u>Sr.No.</u></th> <th style="width: 50%;"><u>Name</u></th> <th style="width: 20%;"><u>Designation</u></th> <th style="width: 20%;"><u>Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">(Attach separate Sheet if Required)</td> </tr> </tbody> </table> | <u>Sr.No.</u> | <u>Name</u> | <u>Designation</u> | <u>Address</u> | (Attach separate Sheet if Required) | | | |
| | <u>Sr.No.</u> | <u>Name</u> | <u>Designation</u> | <u>Address</u> | | | | | |
| (Attach separate Sheet if Required) | | | | | | | | | |
| | | | | | | | | | |

| | |
|------------------------------------|--|
| BANK DETAILS * Mandatory | |
| Bank Account No. | |
| Name of the Bank | |
| Bank Address | |
| Bank City | |
| Bank Branch | |
| IFSC RTGS / NEFT No. | |
| Branch Code | |
| EXCISE DETAILS | |
| Excise Registration No. | |
| Excise Range | |
| Excise Division | |
| Excise Commissionerate | |
| CST No. | |
| GST / ARN | |
| VAT(TIN) | |
| PAN | |
| Service Tax Registration No | |
| Service Category | |
| Service Tax Commissionerate | |
| Service Tax Commissionerate range | |
| Work Contract Tax Registration No. | |

| SERVICE DETAILS OF ORGANISATION | |
|---|--|
| Describe firm's major field(s) of Operation/Product range. | |
| Installed Capacity | |
| Average Monthly Production | |
| Sources of major Raw Materials | |
| Value of average raw materials inventory maintained | |
| Is Sub Vendor approval carried out by you for your vendors? | |
| Make/Type / Value of machines used. Please attach details. | |
| Manufacturing facilities available at work place. (Please attach details) | |
| Do you have separate Inspection Cell? | |
| Inspection & Testing facilities available at work. (Please attach details) | |
| Quality Control is responsible to whom? | |
| Description of the material to be Supplied | |
| Description of the Service to be Provided | |
| Your Needs from Banas Dairy | |
| Your Expectation from Banas Dairy | |
| HSN | |
| Service A/C Code | |

DECLARATION

The above information is true in all respects and we undertake to inform you about any change in the above particulars regarding our business from time to time. We also undertake the responsibility that in no case we will employ any consultant to deal with BKDCMPU Ltd., Palanpur

Mandatory fields are marked with an asterisk (*)

Note : The vendor creation will be made based on the information furnished by you in the above form for vendor registration. If, at any time in future, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been withheld then you are liable to be **black listed** without any notice in lieu thereof.

> As a part of vendor registration, the copy of following **supporting documents** must be required and all details (whatever applicable) to be filled in the vendor registration form.

- | | |
|--|---|
| 1) PAN Card | 7) CST & VAT Registration |
| 2) Demand Draft of Rs. 100.00 | 8) Cancelled Cheque |
| 3) Excise Registration Certificate | 9) GST / ARN Registration |
| 4) Partnership Deed/Trade License | 10) Service Tax Registration certificate |
| 5) List of Directors/Partners on company's Letter Head. | |
| 6) Registration Certificate from ROC (in case of Companies) | |

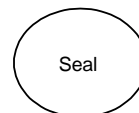
Note : Demand Draft Drawn in Favour of Banaskantha District Cooperative Milk Producer's Union Ltd, Palanpur.

| | |
|---|--|
| Registration Number (as per certificate from ROC/ Registrar of Firms. | |
|---|--|

Date : _____

Place : _____

Name & Signature of Proprietor/Partner/
Chief Executive under Proper Seal



For Office Use Only

Concerned Dept. Head

O.S.D. (Comm.)

Vendor Registration No. _____ Date : _____