

**THE BANASKANTHA DISTRICT CO OP. MILK PRODUCERS' UNION LTD., PALANPUR**  
**(CF PURCHASE DIVISION)**

1. Vendor No.

2. Name of the FIRM:

3. Address of Registered Office:

4. Contact Details:

Phone: STD Code: \_\_\_\_\_ (O) \_\_\_\_\_ (R) \_\_\_\_\_

Fax No. \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

5. Status (whether an individual/Partnership Firm/Public/Private Limited Company) :

6. In case Partnership Firm

a) Whether it has been registered ? :

b) If Registered provide certified, extract from the Registrar of firm. :

c) Name of all Partners with their contact Details as follows:

Sr. No.	Name of Partner	Contact No.	E mail Id

d) Details of Partnership deed (Please enclose copy of the same) :

7. If proprietary concern name and address Of the Proprietor :

8. If Private/Public Limited Company, Please Enclose copy of Memorandum/Articles of Association :

9. Year of Establishment of firm :

10. Year of commencement of Commercial Activity :

11. Whether CST/GST is applicable? If yes (pls encl. photocopy),  
please give the rate :  
Central Sales Tax No. :  
State Sales Tax No. :  
**PAN No. ( Pls. Encl. Photocopy) :**

12. Whether any of your relative is working  
with us or with our member dairies. :  
If so, please give details

13. Any other information you like to furnish :

14. DD No. Of Rs. 1 Lac (**Refundable but interest not payable**)

### **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. We also undertake the responsibility that in no case we will employ any consultant to deal with Banas Dairy.

Place : Signature of Authorised Representative  
Date : of the Firm under proper seal

Above Form Shall be submitted to below address along with all the enclosures:

**Head (CF Purchase)**  
**The Banaskantha District Co-op. Milk Producers' Union Ltd.,**  
**Banas Dairy, P.B. No. 20,**  
**Palanpur- 385001, Gujarat.**