



## 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													
<b>Name of the Vendor</b> *Mandatory (This shall be the registered name of the firm. With the same name payments to party will be released) (CAPITAL LETTERS)													
<b>Address of Head Office</b> *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

<b>ORGANIZATION DETAILS</b>									
Status of Organization Tick (✓) appropriate option.	Proprietary / Partnership / Company / LLP								
Name of Business									
Nature of Enterprise Investment in Plant & Machinery: * <b>Mandatory</b> if applicable and pl. mention the MSMED Registration No. Date and Category micro, small, Medium  <b>IF NOT, PLEASE MENTION N/A</b> If you are under MICRO, SMALL & MEDIUM ENTERPRISES DEVELOPMENT (MSMED) ACT 2006. <b>MSMED Registration Certificate is required.</b>									
Year of Establishment									
Registration Number (as per certificate from ROC/ Registrar of Firms.									
<b>Name &amp; Address of the Owner / Partners / Directors</b>	<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)									
<b>BANK DETAILS * <b>Mandatory</b></b>									
Bank Account No.									
Name of the Bank									
Bank Address									
Bank City									
Bank Branch									
<b>IFSC RTGS / NEFT No.</b>									
<b>Branch Code</b>									
<b>EXCISE DETAILS</b>									
Excise Registration No.									
Excise Range									
Excise Division									
Excise Commissionerate									
CST No.									
<b>GST / ARN</b>									
VAT(TIN)									
PAN									
Service Tax Registration No									
Service Category									
Service Tax Commissionerate									
Service Tax Commissionerate range									
Work Contract Tax Registration No.									

<b>SERVICE DETAILS OF ORGANISATION</b>	
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. <b>Please attach details.</b>	
Manufacturing facilities available at work place. <b>(Please attach details)</b>	
Do you have separate Inspection Cell?	
Inspection & Testing facilities available at work. <b>(Please attach details)</b>	
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) <b>PAN Card</b>   | 7) <b>CST &amp; VAT Registration</b>            |
| 2) <b>Demand Draft of Rs. 118.00(Inclusive of GST)</b>             | 8) <b>Cancelled Cheque</b>                      |
| 3) <b>Excise Registration Certificate</b>                          | 9) <b>GST / ARN Registration</b>                |
| 4) <b>Partnership Deed/Trade License</b>                           | 10) <b>Service Tax Registration certificate</b> |
| 5) <b>List of Directors/Partners on company's Letter Head.</b>     |   |
| 6) <b>Registration Certificate from ROC (in case of Companies)</b> |   |

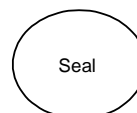
**Note : Demand Draft Drawn in Favour of Banaskantha District Cooperative Milk Producer's Union Ltd, Palanpur.**

Registration Number (as per certificate from ROC/ Registrar of Firms.	
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Date : \_\_\_\_\_

Place : \_\_\_\_\_

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



### **For Office Use Only**

Concerned Dept. Head

Vendor Registration No. \_\_\_\_\_ Date : \_\_\_\_\_

Account Head