

Vendor Registration

Vendor Information		
1 Primary Vendor Category	<input type="checkbox"/> Fresh Food	<input type="checkbox"/> Staples
	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household needs
	<input type="checkbox"/> Beverages	<input type="checkbox"/> General Merchendize
	<input type="checkbox"/> Packed Food	<input type="checkbox"/> Electronics
2 Vendor Name		
3 Address (Registered /Corporate Office)		
Address (Branch Office)		
4 Contact No		
5 Designation		
Contact Name		
Contact Phone No		
Contact Fax No		
Contact Mobile No		
Email Address		
6 PAN No		
7 TAN No		
8 APMC Registration		
9 Company Status	<input type="checkbox"/> Private Ltd	<input type="checkbox"/> Public Ltd (Listed)
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Ltd (Deemed Public)
	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others
10 Scale Of Operation	<input type="checkbox"/> Large	<input type="checkbox"/> Medium
	<input type="checkbox"/> Small	<input type="checkbox"/> Cottage
11 Name of MD/Partner Proprietor		
12 Manufacturing Locations		
13 Year of Registration		
14 Annual Turnover (Rs Crores)		
15 Brands & Product Range		

16 Present Buyers
(Modern Retail/Cash & Carry)
(Name & Approx Turnover)

Order/Purchase (Supply Point)

17 Contact Name

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18 Designation

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Contact Phone

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Contact Mobile No

--

Contact Fax No

--

Contact Email

--

19 Address

20 Service Tax Reg No

--

(If Applicable)

21 VAT/TIN No

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22 Whether Supply Point Address
is same as Goods Return Address

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Yes

--

No

If No - Goods Return Address

Remittance/ Payments

23 Contact Name

--

24 Designation

--

Contact Phone

--

Contact Mobile No

--

Contact Fax No

--

Contact Email

--

25 Address

26 Payment Terms (Credit Period)
(from date of receipt of goods)

--

Days

27 Bank Name

28 Branch Name/Address

29 Account No

--

30 MICR Code

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31 NEFT Code

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32 RTGS Code

33 Payment Type

Cheque

ECS

Miscellaneous

34 Vendor Name

35 Signatures

(I/We hereby declare that all information provided
is true to the best of my/our knowledge)

36 Date

DD/MM/YYYY

For Internal Use

	Name	Signature
Initiated By:		
Validated By:		
Approved By:		
Data Entered By:		

Vendor Account No	Log No

Disclosures:

37 Please provide detailed information about any past or ongoing court cases, corruption charges, litigations against your business activities or you or any other related party. (Court, Case Number, issue, status)

NoYES

If yes Please Provide The details.....

38 Has any one in your company related to this Company/Director/Beneficiary, etc. directly or indirectly, if yes, please write names and other details

NoYES

If yes Please Provide The details.....

39 Please provide detailed information about any past or ongoing investigations/ regulatory enquiries against your business activities or you, if any : (Regulatory Body, issue)

NoYES

If yes Please Provide The details.....