

Vendor Registration

Vendor Information

1 Primary Vendor Category

Fresh Food

Staples

Personal Care

Household needs

Beverages

General Merchendize

Packed Food

Electronics

2 Vendor Name

ADITYA ENTERPRISES

3 Address
(Registered /Corporate Office)

DN.NO.24-28/1-47 , PUNNAIAH COLONY , DURGAPURAM , VIJAYAWADA-520003

Address (Branch Office)

NO

4 Contact No

9676763131

5 Designation

Contact Name

Contact Phone No

Contact Fax No

Contact Mobile No

Email Address

Accounts Contact

PATNER

LAKSHMAN

9676763131

9676763131

ADITYAENTERPRISES@GM
MAIL.COM

Supply Chain Contact

6 PAN No

ABBFA9965G

7 TAN No

HYDA17046E

8 APMC Registration

9 Company Status

Private Ltd

Public Ltd (Listed)

Partnership

Public Ltd (Deemed Public)

Proprietorship

Others

10 Scale Of Operation

Large

Medium

Small

Cottage

1 Name of MD/Partner
Proprietor

2 Manufacturing Locations

3 Year of Registration

4 Annual Turnover (Rs Crores)

5 Brands & Product Range

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

Order/Purchase (Supply Point)

7 Contact Name

CH . V. RAMAKANTH

8 Designation

MANAGING PATNER

Contact Phone

Contact Mobile No

9395532108

Contact Fax No

Contact Email

ADITYAENTERPRISEBZA@GMAIL.COM

9 Address

DN.NO.24-28/1-47 , PUNNAIAH COLONY , DURGAPURAM , VIJAYAWADA-520003

0 Service Tax Reg No
(If Applicable)

1 VAT/TIN No

37ABBFA9965G1Z4

2 Whether Supply Point Address
is same as Goods Return Address

Yes

No

If No - Goods Return Address

Remittance/ Payments

3 Contact Name

CH.V.RAMAKANTH

4 Designation

MANAGING PATNER

Contact Phone

Contact Mobile No

9395532108

Contact Fax No

Contact Email

ADITYAENTERPRISEBZA@GMAIL.COM

5 Address

DN.NO.24-28/1-47 , PUNNAIAH COLONY , DURGAPURAM , VIJAYAWADA-520003

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

30 Days

7 Bank Name

KOTAK MAHINDRA BANK

8 Branch Name/Address

GOVERNOR PET

VIJAYAWADA-520002

9 Account No

6213920456

0 MICR Code

2 RTGS Code

3 Payment Type Cheque ECS

Miscellaneous

4 Vendor Name

5 Signatures

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

5 Date DD/MM/YYYY

For Internal Use

	Name	Signature
Initiated By:	<input type="text"/>	<input type="text"/>
Validated By:	<input type="text"/>	<input type="text"/>
Approved By:	<input type="text"/>	<input type="text"/>
Data Entered By:	<input type="text"/>	<input type="text"/>
	Vendor Account No <input type="text"/>	Log No <input type="text"/>

Disclosures:

7 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)

No YES

If yes Please Provide The details.....

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

No YES

If yes Please Provide The details.....

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

No YES

If yes Please Provide The details.....