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| asg logo | **VENDOR REGISTRATION FORM** |  |

## Annexure-I

**APPLICATION FOR VENDOR REGISTRATION**

1. **GENERAL INFORMATION**

Name of the firm/company

Address

STD Code: Phone: Fax:

E-mail: Website:

Registered Office Address

STD Code: Phone: Fax:

E-mail: Website:

Name & designation of Chief Executive / Director / Proprietor /Partners

Name & Designation of Contact Person

Phone No.(Office) (Residence)

Mobile No.

Constitution of the firm

(Public Ltd Co/Private Ltd Co/Partnership/Proprietorship/Joint Sector/ Cooperative)

CIN: (Corporate Identity No.) in case Ltd. Company, etc.

LLA No. in case of Partnership firms:

1. Please enclose / upload:
2. In case of Private Limited companies, an attested copy each of:
   1. Memorandum of Articles of Association
   2. Certificate of Incorporation
3. In case of Partnership:
   1. Attested copy of Partnership Deed
4. In case of Proprietorship/Joint Sector/Cooperative:
   1. Attested copy of Registration Certificate
   2. Statutory Registration (attested copies to been closed)
      1. GSTIN (State wise)

# GST registration: Normal /Composite.

* + - 1. Trade License:
      2. Drug License: (If any)
      3. Pollution Control clearance:

PAN of Individual Director’s, Proprietors, Partners:

Cancelled Cheque :

BIS License No

Any other Licenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. 3. ISO details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERIES | NO. | CERTIFYING AGENCY | UNDER PROCESS / NOT CERTIFIED  (if applicable) | REMARKS |
| ISO |  |  |  |  |
| OHSAS |  |  |  |  |

## If authorized dealer /trader:

Give name of items with which you are dealing

Please enclose attested copy of the Dealership Certificate with validity period

## 4. FINANCIAL POSITION

* 1. Name and address of your bankers and account Nos. with MICR No.

Letter of Credit Limit sanctioned to your company

Letter of Credit Limit utilized by your company in this FISCAL

Balance sheet for the past three years (please attach)

* 1. Profit & Loss statement for the past three years (please attach)

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| --- | --- | --- | --- |
| Year | Turnover | Major Customer Name | Share of major customer |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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1. REFERENCES OF YOUR MAJOR CUSTOMERS

(With Registration & contact details)

1. Govt.
2. PSU
3. Pvt. Sector

Authorized Signatory

Name:

Designation: