

Vendor Registration Form

IMPORTANT INSTRUCTIONS

1. Please provide the required information and attach the relevant documents. If any item is not relevant, please write "Not Applicable".
2. Vendor shall provide Xerox copies of the following documents duly attested by the Proprietor / Partner / Karta of HUF / Chief Executive / Director of the entity as applicable :

A: Applicable to all entities

- a) PAN card of the entity.
- b) Trade License of the entity.
- c) Value Added Tax (VAT) Registration Certificate (If Applicable).
- d) CST Registration Certificate (If Applicable).
- e) Service Tax Registration certificate (If Applicable).
- f) Latest copy of Income Tax Assessment Order.
- g) Bank Statement not earlier than 60 days from the date of submission of this form.
- h) Copy of SME registration certificate (If registered as SME under MSMED Act, 2006)
- i) Copy of Cancelled Cheque (Containing RTGS/NEFT Code)

B: Additional documents for Companies registered under Companies Act, 1956:

- a) Certificate of Incorporation
- b) Memorandum and Articles of Association
- c) List of Directors of the Companies
- d) Copy of last Audited Annual Accounts
- e) PAN card and Voter ID of the Director / Chief Executive of the entity who will be signing this Form

C: Additional documents for Entities Other than companies:

- a) PAN card and Voter ID of the Proprietor / Partner / Karta of HUF / Chief Executive of the entity who will be signing this form.
- b) Copy of Partnership Deed (In case of Partnership Firm only.)

3. Vendor registration forms that are not completed in their entirety, with all relevant documents or which are not duly certified by the authorized person may not be processed

4. This form should be submitted along with all documents at the following address :

Mr Ranjan Sasmal
Mounthill Realty Private Limited
DN-24, Matrix Tower
Salt Lake Sector-V
1st Floor, Suite No104
Kolkata – 700 091

Vendor Registration Form

1. Name of the Vendor : _____ .

2. Address, Telephone, Fax and email:

Registered Office (with PIN Code)	
Other Office / Plant (with PIN Code)	

3. Business Type: Please tick the correct option

Manufacturer	Trader / Wholesaler	Retail
Consulting	Contractor	Special Services
Others(Please Specify)		

5. Form of Vendor's Entity: Proprietorship / Partnership / HUF / Private Ltd. / Public Ltd / Others.
(Please tick the correct option)

6. Name of Proprietor / Partner / Karta / Director / Chief Executive signing this form :

7. Please tick whichever applicable:

- | | | | | |
|------------------------------|---------|----------|--------------------------|----------|
| a) Unit category: | General | SSI | SME under MSMED Act,2006 | |
| b) No. of Years in Business: | 0 to 1 | 2 to 3 | 4 to 10 | Above 10 |
| c) No. Of Employees: | 1 to 10 | 11 to 19 | 20 to 50 | Above 50 |

d) Associated with any Employee of the group: Yes No

If Yes details of Employee:

Name:		
Relation:		

7. Whether Entity has obtained any Quality Control certificate from bodies(like ISO / ISI / etc.) If yes, give details:

8. Entity Details

a) Total Office _____

b) Plant area _____

c) Land & Building Investment approx. _____

d) Jobs undertaken are subcontracted Yes No Not Applicable

a. If Yes: Partly Fully

e) Does entity have any other branches / office Location? Yes No

If yes Please give details:

Sl . No.	Branch address:	Tel No.. :

9. List of major products*/services you intend to offer as a vendor:

Sl.No.	Major product/service	Are you original manufacturer for the listed products
1		YES/NO/N.A.
2		YES/NO/N.A.
3		YES/NO/N.A.
4		YES/NO/N.A.
5		YES/NO/N.A.

*Please enclose your company's product catalogue with detailed specification of the products

10. List of your major Clients/Customers (Please enclose copy of PO/Invoice).

Sl.No.	Customer Name & Address	Product Supplied
1		
2		
3		
4		
5		

11. For any clarification person to be contacted in entity (Please give two contacts):

Name	
Designation	
Contact No. with mail ID	
Name	
Designation	
Contact No. with mail ID	

12. Annual Turnover (last 3 years):

Sl.No.	Financial Year	Turnover
1		
2		
3		

13. Statutory Requirements (Please also provide additionally these details for branch office if any):

SI No.	Description	Head Office / Registered Office	Branch Office
I.	VAT / LST No.		
II.	CST No		
III.	Excise Registration No		
IV.	PF Registration No		
V.	ESIC No.		
VI.	PAN No.		
VII.	Service Tax Registration No		
VIII.	Factory Registration No		
IX.	Trade License No.		

14. Bank Details:

Name of your Bankers		
Account Type (Savings / Current / Cash Credit A/c)		
Address		
Exact Name as per Bank Records for payment through RTGS/NEFT		
Account No.		
MICR Code		
RTGS/IFSC Code		

15. Please tick the documents attached which should be self attested by Proprietor / Partner / Karta of HUF / Director / Chief Executive of the Entity.

Income Tax PAN.

Trade License.

VAT / Sales Tax registration Certificate.

CST registration Certificate

Service Tax Registration Certificate

Income tax Assessment Order

Bank Statement

SME Registration Certificate

Certificate of Incorporation

MOA/AOA

List of Directors / Partners

Copy of Audited Annual Accounts

Copy of PAN of the person signing this form.

Copy of Voter ID card / Bank Statement of the person signing this form.

Balance Sheet of previous 3 years

PF Registration Certificate

ESIC Registration Certificate

Registration Certificate under Contract Labour ,,,Act.

Copy of Cancelled Cheque

Any Other Documents – if any, Pl. Specify

1.

2.

3.

4.

5.

Declaration

I, _____ son of / daughter of

_____ being Proprietor / Partner / Karta of HUF
/ Director / Chief Executive of _____ do hereby

declare that the Information / Details / Documents / Data submitted above is True and Correct to the best of my Knowledge and Belief and in case any of the above information is found to be incorrect at a later date, my registration shall be liable to be cancelled and my any payment shall be withheld by the Company and any unprocessed bill shall remain withheld by the Company. I further declare that..:

- 1. ..that post issuance of PO/WO/Rate Contract; the Original bill will be submitted along with Duplicate Copy and copy of the PO / WO issued along with proof of Delivery of Material / Completion of Services by way of certificate from the user and shall also enclose photographs if necessary to show the progress of work / completion of work. IT IS CLEARLY UNDERSTOOD THAT IN ABSENCE OF THESE DOCUMENTS/DETAILS, BILL WILL NOT BE PROCESSED FOR PAYMENT.**
- 2. .. that wherever Service Tax/ VAT /Excise Duty etc will be charged, the bifurcation of the taxes will be provided in the invoice**
- 3. .. that, in case we do not provide certified copy of PAN card, the Company will be deducting TDS @20% or at such rate as may be prescribed under Income Tax Laws of India.**

4. .. that, in case we do not provide the required Documents as required under various Statutes, the Company shall be deducting the full amount of Liability which may arise, from the payment to be made to us under respective Invoices.
5. .. that any change in the constitution of the ownership / address will be communicated to the company within 7 days of such change.
6. .. that Payment to our company might be withheld if any information furnished above is found to be incorrect on a later date.

Date : _____

Place : Signature and Stamp of Vendor

FOR OFFICE USE ONLY

APPROVAL FOR ADDITION OF VENDOR

Vendor Approved YES NO

Effective Date of Addition _____

Approved as Regular Vendor One Time Vendor

Vendor Master Updated By _____

Approved By _____

Commercial Executive

Accounts Executive

Manager Accounts Payable

