



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 information.

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

ORGANIZATION DETAILS

Status of Organization Tick (✓) appropriate option.	Proprietary / Partnership / Company / LLP								
Name of Business									
Nature of Enterprise Investment in Plant & Machinery: * Mandatory if applicable and pl. mention the MSMED Registration No. Date and Category micro, small, Medium IF NOT, PLEASE MENTION N/A If you are under MICRO, SMALL & MEDIUM ENTERPRISES DEVELOPMENT (MSMED) ACT 2006. MSMED Registration Certificate is required.									
Year of Establishment									
Registration Number (as per certificate from ROC/ Registrar of Firms.									
Name & Address of the Owner / Partners / Directors	<table border="1"> <thead> <tr> <th><u>Sr.No.</u></th> <th><u>Name</u></th> <th><u>Designation</u></th> <th><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)									

BANK DETAILS * Mandatory	
Bank Account No.	
Name of the Bank	
Bank Address	
Bank City	
Bank Branch	
IFSC RTGS / NEFT No.	
Branch Code	
EXCISE DETAILS	
Excise Registration No.	
Excise Range	
Excise Division	
Excise Commissionerate	
CST No.	
VAT(TIN)	
PAN	
Service Tax Registration No	
Service Category	
Service Tax Commissionerate	
Service Tax Commissionerate range	
Work Contract Tax Registration No.	

SERVICE DETAILS OF ORGANISATION	
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. Please attach details.	
Manufacturing facilities available at work place. (Please attach details)	
Do you have separate Inspection Cell?	
Inspection & Testing facilities available at work. (Please attach details)	
Quality Control is responsible to whom?	

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.

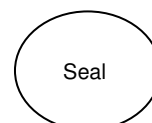
- | | |
|--|--|
| 1) PAN Card | 5) CST & VAT Registration |
| 2) Demand Draft of Rs. 100.00 | 6) Cancelled Cheque |
| 3) Excise Registration Certificate | 7) Service Tax Registration certificate |
| 4) Partnership Deed/Trade License | 8) List of Directors/Partners on company's Letter Head. |
| 9) Registration Certificate from ROC (in case of Companies) | |

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 : _____

O.S.D. (Comm.)