

Date :- _____

Bharti Airtel Ltd || Bharti Telemedia Ltd || Bharti Hexacom Ltd || Bharti Airtel Services Ltd || Bharti Telesonic Ltd

Courier Desk (EFT Details) C/o Master Team
Airtel Center, Lower Ground Floor,
Plot No : 16 , Udyog Vihar , Phase - IV,
Gurgaon : 122001

(Please tick which ever is applicable)

Subject :- Updation of Key critical information (KYP-Know Your Partner)

Dear Sir / Madam

This is to certify that we are associated ~ with Airtel and our Partner Code* reference in your record is _____.

Our principal place(s) of business is at following address(s) :

Site(s) Name	(1)	(2)	(3)
Complete Address			
City			
state			
Pin Code			
Contact Person			
Mobile No #			
E-mail ID			
* Partner Code (Six Digits) appears on your Purchase Order. Else please contact your SCM SPOC. Kindly provide self attested copy of VAT/CST/LST/TIN/Excise/Service Tax and Exemption certificates for respective sites.			
Request type (Please tick whichever is applicable)		New Updation (for new vendor registration) <input type="checkbox"/>	
** For replication request, circle/site details are mandatory, field no 14 & 15.		Replication of existing details updated in other site/circle** <input type="checkbox"/>	
*** Cancelled cheque is not required for replication request		Change of existing details <input type="checkbox"/>	
1) Beneficiary Name (Full) (Bank Account Holder)			
2) Bank A/c No (Enclose cancelled Cheque***) (Mandatory)			
3) Name of Bank	4) City of Bank		
5) Account Type (Please tick whichever is applicable)	Saving <input type="checkbox"/>		Current <input type="checkbox"/>
6) RTGS IFSC			
7) PAN No.(Enclose Self Attested PAN Copy) (Mandatory)			
8) TAN Number (For LTC)			
9) PAN based Service Tax number (Enclose Self Attested Copy) (Mandatory)			
10) PAN based Excise Registration Number			
11) WCT Number			
12) CST Number			
13) VAT / TIN Number			
14) Circle/Site/vendor code on which details updated			
15) Circle/Site/vendor code on which details need to be updated			

I/We here by declare that the particulars given on this form are correct and complete . If the payment transactions delayed or not effected at all for reasons of incomplete or incorrect information , I/We will not hold your organization responsible

Signature of authorize person (self attested by partner with company seal)

Name

Date

Bank Certification with seal (in the absence of CTS cancelled cheque)