Please Printout the form and fill-up all the required details and self signed the form with company stamp and along with all necessary Documents WhatsApp us in the number: **+91 9836088877** or you can send it by email: **mistriji24x7@gmail.com**



# VENDOR REGISTRATION FORM

***Vendor & Service Provider Registration Form***

**Company Declaration**

I / We

...............…………………………………...............…………………………………...............………………………………… (Name of the Organization) Applying for the Service...............…………………………………...............……………………………………………... (Service Name) on dated ……………………………………………………… (DD/MM/YY)

# Business Details Information of the Vendor / Service Provider:

|  |  |  |
| --- | --- | --- |
| **SL. NO.** | **Particu**l**ars Required** | **Particu**l**ars** |
| 1.1 | Type of Organization Proprietor/Partnership/Pvt Ltd/LLP |  |
| 1.2 | Name of the Head of the Organization Proprietor/Managing Partner/Managing Director |  |
| 1.3 | Registered Office Address: Street Number/Street NameLandmark City PincodeState |  |

|  |  |  |
| --- | --- | --- |
| 1.4 | Office Contact Details: Contact Person Name Contact Phone Number Email AddressWebsite |  |
| 1.5 | Communication Address (if different then mentioned) |  |
| 1.6 | Communication Contact Details: Contact Person Name: Designation:Contact Phone Number: Contact Email ID: |  |
| 1.7 | Company PAN Card (If any) |  |
| 1.8 | GST Number (If any) |  |
| 1.9 | Experience (in years) |  |
| 1.10 | Last Year Turnover |  |
| 1.11 | Strength (No of Manpower) |  |
| 1.12 | Machineries & Tools (Mentioned Briefly) |  |
| 1.13 | Works to be taken |  |

**Payment Remittance Information:**

|  |  |  |
| --- | --- | --- |
| **SL. NO.** | **Particu**l**ars Required** | **Particu**l**ars** |
| 2.1 | Bank Account Number |  |
| 2.2 | Bank Account Name (The name in which the account is opened) |  |
| 2.3 | Name of the Bank |  |
| 2.4 | Name of the Bank Branch |  |
| 2.5 | Address of the Bank Branch |  |
| 2.6 | IFSC code of the Bank Branch |  |
| 2.7 | MICR Code of the Bank Branch |  |

# Personal Details Information of the Vendor / Service Provider:

|  |  |  |
| --- | --- | --- |
| **SL. NO.** | **Particu**l**ars Required** | **Particu**l**ars** |
| 2.1 | Name |  |
| 2.2 | Designation |  |
| 2.3 | Email |  |
| 2.4 | Phone Number |  |

Name:

Designation:

Date:

Place:

Signature:

Please attach Photocopy of Self Signed / Self Attested:

1. **Company Pan Card**
2. **Company GST Certificate (if any) 3.Owners Pan Card & Aadhar Card 4.Business Card (if any)**

…………………………………………………………………………………………………………………………………………………………………

For office use only: Approved/Rejected…………………………………………………………………………………………………………………

Vendor No Allotted Area

Allotted Work

Jurisdiction All dispute are under Kolkata jurisdiction only.

\*\*\*Note: Company may ask for more Documents if needed.