

Vendor Define Request form									
<b>1) Vendor name</b>									
<b>2) Vendor address</b>									
Regional /Communication Office:					Regd/Head Office (If different):				
State :			Pin:		State:			Pin:	
Phone :			Email:		Phone :			Email:	
<b>3) Status of vendor</b> (Tick ✓ any one)									
Government		Ltd/ Pvt Ltd		Partnership /AOP		Individual /Proprietor /HUF		Other (please mention)	
Domestic			Foreign (please mention residential/ nationality status)						
<b>4) Contact person</b>									
Mention name					Official phone no/ email ID:				
<b>5) Vendor type</b> (Tick ✓ any one)									
Supplier			Contractor			Consultants			
Landlord			Employee			Advocate			
Bank/lender			Manpower supplier			Others (please mention)			
Nature of Work (describe in sufficient detail)									
Please clarify if vendor is related party (if yes, please mention relationship)									
<b>6) Statutory information</b>									
Please mention registration number in respect field. All supporting documents as required are mandatory to enclose along with form duly self-attested.									
<b>Particulars</b>									
<b>Supplier</b>		<b>Contractor</b>		<b>Manpower Supplier</b>		<b>Consultants/ Advocate/Landlord/ Bank/Lender</b>		<b>Others (please mention)</b>	
GST no.									
PAN									
PF Registration no.									
ESI Registration no.									
Note: <b>a)</b> In case of Overseas Vendor declaration is required on vendor letter head, that they don't have any regional office in India <b>b)</b> Written undertaking is required from vendor in case of Proprietorship/ Individual firm where PAN number is different from proprietorship name <b>c)</b> In case, any document is not enclosed, please provide reason for not providing mandatory documents.									
<b>7) MSMED confirmation</b>									
SME Category (If yes, please attached registration certificate)								Yes/ No	
<b>8) Remittance details</b>									
Bank name									
Bank branch name									
Branch address									
Beneficiary name									
Branch IFSC/RTGS code									
Branch NEFT code									
Bank account type (Saving/Current)									
Account number (cancelled cheque to be provided)									
<b>Stamp and sign:</b>					<b>Authorized person name:</b>				
					<b>Designation:</b>				
					<b>Date:</b>				

**For office purpose**

<b>Requested Department:</b> Name: Signature:		<b>Approve by F&amp;A:</b> Name: Signature:	
<b>Vendor code assigned:</b>			