

# Vendor Data Sheet

SAP Vendor Code (write new if not an existing vendor):

## A: Category of Product

S. No.	Name of the Item / Category of Products	Remarks

## B: Contact Details

<b>Registered Office</b>	
Address:	
Phone No. (with STD Code):	
Fax No.	
Email ID:	
Website:	
<b>Corporate Office</b>	
Address:	
Phone No. (with STD Code):	
Fax No.	
Email ID:	
Website:	
<b>Communication Address</b>	
Address:	
Phone No. (with STD Code):	
Fax No.	
Email ID:	
Website:	

## C: Type of Firm

Constitution of the firm (please tick): Proprietorship / Partnership /Private Ltd. Co./Public Ltd. Co./Co-operative /Others (specify) \_\_\_\_\_

**C1: In case of proprietorship:** Please enclose photocopy attested by public Notary (any of the following): Shops & Establishment Act License /Udyog Aadhaar Registration Certificate or Affidavit by Proprietor indicating name of proprietor.

### **C2: In case of Partnership Firm /LLP:**

a) Whether it has been registered: Yes / No

b) If yes, provide certified, extract from the Registrar of firm

S. No.	Name of Partners	Educational Qualifications	Experience (In Years)	Partner/Director, in any other firm/ Company (with details)

Also provide Partnership deed (Photocopy of partnership deed attested by Public Notary)

### **C3: If Private/Public Limited Company: CIN:**

(Please enclose copy of memorandum of Articles of Association & Certificate of incorporation)

S. No.	Name of Partners	DIN	Educational Qualifications	Experience (In Years)

**C4: If Cooperative:** Please enclose copy of Registration Certificate under Co-operative Societies Act.

## D: Nature of Business

D: Primary Nature of Business (please tick): Manufacturing / Trading /Service /Importer /Consultant /Commission Agent / Others (specify) \_\_\_\_\_

E: Date of incorporation of firm:

F: PAN No.

G: GST No.:

**H: License Details** (to the extent applicable): Please attach the copies of all the relevant certificates/licences/approvals obtained for running the business. (e.g. Factory Act registration, Environment Clearance Certificate, PF/ ESI registration Certificate, Specific licences required for certain products, etc.)

**I: Are you ISO accredited?** If Yes, indicate for which facilities/ products/services?

Please enclose valid ISO certificate attested photocopy.

S. No.	Facilities/Products/ Services	ISO Standard	ISO Acquired on	ISO Certifying Agency	ISO Validity (Up to)

Does your company catalogue or any other document claim for meeting the requirements of referred standard? Please provide details.

**J: References of your customers:**

S. No.	Name, address and contact details of your customers	Value of Business (in Rs. Lakh)	Financial Year

**K: Banking Details:** Please enclose cancelled blank cheque along with this form

1. Bank Name with Branch Address
2. IFSC Code
3. Type of
4. Account
5. Account No.

**L: Other Information**

1. Details of any Notice served on the firm / owner / director by any statutory body.
2. Any pending lawsuit against the company / owner / partner / director currently going on in any court in India / abroad.
3. If blacklisted by any customer, kindly provide details.
4. Whether any of your relative is working in Dudhsagar Dairy. If so, please give details.
5. Whether any of your relative is BOD in Dudhsagar Dairy. If so, please give details.

## DECLARATION

(On Vendor Firm letterhead signed by Authorized Signatory)

Date:

I / We certify that the information furnished above is correct and complete to the best of my/our knowledge and belief. If at any time we are found to have concealed any material information or if the same is found incorrect or misleading, MDCMPUL reserves the right to cancel the registration and take any other action as deemed fit without notice or compensation. Also, we undertake to inform you of any subsequent change in the above particulars regarding our business from time to time, to keep all information current. We also undertake the responsibility that in no case we will employ any consultant to deal with MDCMPUL.

We hereby confirm that the above information given by us is true and if at any point of time found wrong / misleading / incomplete, MDCMPUL reserve the rights to accept and/ or reject our offer in whole or part without assigning any reason further. Also, MDCMPUL will not enlist our firm for any enquiry / requirement forever.

(Signature)

Authorised Signatory

Name:

Designation:

Date & Place:

## Annexure 1: Vendor Turnover Details Format

(CA Certificate on CA Firm letterhead)

Kindly provide details of turnover as below:

Note: DO NOT INCLUDE TURNOVER OF GROUP COMPANIES. Provide group companies data in the same format separately.

Financial Year	Turnover in Rs.	Operational Profit (in Rs.)	Remarks (if any)
2020-21 (mention period)			
2019-20			
2018-19			
2017-18			
2016-17			
2015-16			
2014-15			
2013-14			
2012-13			
2011-12			
2010-11			

Remarks (if any):

(Signature)

Authorised Signatory

Name:

Designation:

Date & Place:



### Annexure 3: Attachment List

Following documents are needed along with this Vendor Data Sheet

1. Original Cancelled Cheque
2. True Copy of PAN card
3. True Copy of GSTN
4. Original CA certificate for turnover
5. True Copy of PO mentioned in Annexure
6. True Copy of Licenses / Permits
7. Agreement about group companies on Rs. 300 stamp paper
8. True Copy of ISO certificate (if applicable)
9. List of important customers with their contact details.

## Annexure 4: Check List

The details are to be provided by suppliers in prescribed check list format, as below:

No	Particulars	Confirmation	Page No
1	Agreed to supply material as per specification, Terms & Conditions as enclosed (Yes / No)		
2	GST Registration Number. Please attached document		
3	Copy of PAN Card. Enclosed (Yes / No)		
4	Valid certificates and licenses to be enclosed (Yes / No)		
5	Valid ISO Certificate to be enclosed (Yes / No)		
6	Turn Over Certificate to be attached (Annexure 1)		
7	Experience details provided (Annexure 2)		
8	Vendor Data Sheet		
9			
10			
11			
12			
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14			
15			

Remarks (if any):

(Signature)

Authorised Signatory

Name:

Designation:

Date & Place: