

# Vendor Data Sheet

SAP Vendor Code : \_\_\_\_\_

( Write NEW if not an existing vendor with any Dairy Co-op. of AMUL Group)

## A : Category of Products/ Services

S. No.	Name of the Item / Group of Products / Services	Remarks

## B: Vendor Name & Contact Details

Company Name / Trade Name	
Entity Legal Status (Tick)	Company / Partnership / Proprietor / other
Name of Proprietor (if proprietorship Business)	
Registered Office Address with PIN	
Phone No. (with STD Code)	
Mobile No. :	
Email ID :	
Website :	
<b>Communication Address</b>	
Address with PIN	
Phone No. (with STD Code):	
Mobile No.	
Email ID:	
Contact Person Name and Mobile Number	
<b>Corporate Office Address</b>	
Address with PIN	
Phone No. (with STD Code):	
Mobile No.	
Email ID:	

## C : Type of Firm -

Constitution of the firm (please tick) : Proprietorship / Partnership / Private Ltd. Co./

Public Ltd. Co./ Co-operative / Others (specify) \_\_\_\_\_

**C.1: In case of Proprietorship :** Please enclose photocopy attested by public Notary (any of the following) : Shops & Establishment Act License / Professional Tax Registration Certificate / Udyog Aadhaar Registration Certificate or Affidavit by Proprietor indicating name of Proprietor.

**C.2 : In case of Partnership Firm /LLP :**

a) Whether it has been registered : Yes / No

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

Sr. No.	Name of Partners	Educational Qualification	Experience (In Years)	Partner/Director, in any other firm/ Company (with details)
1				
2				
3				
4				

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

**C.3 : If Private/Public Limited Company:** CIN : \_\_\_\_\_

(Please enclose copy of Memorandum & Articles of Association & Certi. of Incorporation)

Sr. No.	Name of Chairman /Managing Director / Director	DIN	Educational Qualifications	Experience (In Years)
1				
2				
3				
4				

**C.4 : If Cooperative Society :** Please enclose copy of Registration Certificate under Co-operative Societies Act and Objects / Bylaws of the society.

## D : Nature of Business

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, FSSAI License, 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.

Sr. 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:**

Sr. 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 Account
4. Full 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 or abroad.
3. If blacklisted by any customer, kindly provide details.
4. Whether any of your owner/partner/director or their close relative is/are working in Dudhsagar Dairy ? If yes, please give details.
5. Whether any of your owner/partner/director or their close relative is Director in Dudhsagar Dairy ? If yes, please give details.

Give details here for above para-L and other information if any :

## Attachment List

Following documents are needed along with this Vendor Data Sheet

Sr.No.	Item Name	Attached Yes / No
1.	Original Cancelled Cheque	
2.	True Copy of PAN card	
3.	True Copy of GSTIN	
4.	Declaration from Vendor ( see attached Format-1 )	
5.	Original CA certificate for turnover ( see attached Format-2 )	
6.	True Copy of PO mentioned in Annexure ( see attached Format-3 )	
7.	List of important customers with their contact details.	
8.	Product List and Brochures if any.	
9.	True Copy of Licenses / Permits ( to the extent applicable ).	
10.	Agreement about group companies on Rs. 300 stamp paper (if applicable).	
11.	True Copy of ISO certificate (if applicable).	
12.		
13.		
14.		
15.		

## Format - 1

(On Vendor Firm letterhead signed by Authorized Signatory)

## DECLARATION

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:

## Format-2

(CA Certificate on CA Firm letterhead)

### Vendor Turnover Details

Kindly provide details of turnover as below (give at least for last three years) :

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)
2021-22 (mention period)			
2020-21			
2019-20			
2018-19			
2017-18			
2016-17			

Remarks (if any):

(Signature)

Authorised Signatory

Name:

Designation:

Date & Place:

**Format – 3**

**(On Vendor Firm letterhead signed by Authorized Signatory)**

**Vendor Experience Details**

Kindly provide details of PO executed by you as below:

S. No.	Financial Year	PO Number	PO Date	Item Details	PO Quantity	Executed Quantity	Organisation	PO Copy Attached (Yes/No)

Remarks (if any):

(Signature)

Authorised Signatory

Name:

Designation:

Date & Place: