

Vendor Registration/Update Form

SAP Vendor Code of GCMMF (write new if not an existing vendor)	
Name of the Firm (as per GSTN)	
Contact Person	
Address:	
Phone No. (with STD Code):	
Mobile No.	
Email ID:	
Website if any	
PAN	
GSTN	
MSME Firm Type (tick if applicable)	<input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Not Applicable
MSME / Udyog Aadhaar Registration Number (if applicable)	
Bank Name and Branch Address	
Bank Account No.	
IFSC	
Type of Firm (tick)	Proprietorship / Partnership / Private Ltd./ Public Ltd. / Co-operative / Others
Primary Nature of Business (tick)	Manufacturing / Trading / Service / Importer / Consultant / Commission Agent / Others
Product / Category of Products interested to supply / service	

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.

Authorised Signatory

Name:

Designation:

Date & Place:

ATTACHMENT LIST

(Note: Bidder should self-attest every document submitted.)

1. Copy of Firm Registration
2. Copy of PAN
3. Copy of GSTN
4. Cancelled Cheque (original)
5. ISO certificates if any
6. MSME / Udyog Aadhaar Registration Certificate (if applicable)
7. FSSAI license (if applicable)
8. Copy of applicable license (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.)
9. Customer reference list
10. Other Information
 - a. Details of any Notice served on the firm / owner / director by any statutory body.
 - b. Any pending lawsuit against the company / owner / partner / director currently going on in any court in India / abroad.
 - c. If blacklisted by any customer, kindly provide details.
 - d. Whether any of your relative is working in Dudhsagar Dairy. If so, please give details.
 - e. Whether any of your relative is BOD in Dudhsagar Dairy. If so, please give details.

(Signature)

Authorised Signatory

Name:

Designation:

Date & Place:

Note: Send vendor registration/update form **IN HARD COPY** at the following address:

Purchase Department (Vendor Registration)

Dudhsagar Dairy,

Near Radhanpur Circle,

Highway Mehsana, Gujarat – 384002

Phone: 02762-253201

Email: vendor@mehsanaunion.coop