

(SPECIMEN COPY)

(On the letter head of the Carrier Firm)

Ref No:

Date:

Manager (Commercial)
Gujarat Co-operative Milk
Marketing Federation Ltd
Post Box No. 10
Anand- 388 001

Sub : **Freight Rates Quotation/s : Transport Contract: 2016-2017**
for Transportation of Dairy Products

Dear Sir,

1. This has reference to your letter No. _____ dated _____ inviting quotations of freight rates for the period from 01.11.2016 to 31.10.2017. We enclose herewith our quotation for transportation of Dairy Products Ex: Anand/Baroda loading points to your branch destinations as mentioned in enclosed Annexures provided by you.
2. We also enclose herewith “Terms and Conditions of Transport Contract 2016-2017” duly signed in token of our acceptance of the Terms and Conditions stated therein.
3. As regards the Security Deposit:
 - * (a) Our Security Deposit of Rs. 25,000/- is already with you.
 - * (b) We enclose herewith a Demand Draft No. _____ of Rs. 25,000/- payable at Anand supporting the quotations.

Thanking you,

Yours faithfully,

Signature _____

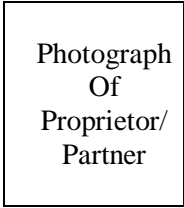
Name _____

Rubber Stamp
Of the Firm _____

* Please strike-out / delete whichever is not applicable to you.

GUJARAT COOPERATIVE MILK MARKETING FEDERATION LTD., ANAND

Data Sheet for Registration of Existing / New Transport Carriers



1 Name of the Carrier Firm : _____

2 Head Office Address : _____

3 Telephone/Mobile/Fax Nos/Email Address (Give STD Codes, wherever applicable) Mobile Tel. No. _____
_____ Fax No. _____
Email Address _____

4 Year of Establishment : _____

5 Composition of the Firm Sole Proprietor / Partnership/Private Ltd Co/Limited etc : _____

6 Name of Principal Owners/Partners : 1. _____
2. _____
3. _____

7 Name, Designation and Address of the Principal Office/Owner, with whom to Communicate in this regard : Name : _____
: Designation: _____
: Tel. Nos(Off): _____
(Res): _____
Fax No.: _____
Email Address : _____

8 Number of other offices in the Company (if any), attach a separate List of Offices In all Major Towns : _____

9 Address of the Office, nearest to Anand (Gujarat), if any : _____

Tel. Nos.: _____
Mobile : _____
Fax No. _____
Email Address _____

:2:

10 Details of Open Trucks

: Please give details of Owned Open Trucks Only.
(Attach a separate sheet, if necessary)

Sr.No.	Make	Model(Years)	Capacity (MTs)	Registration Nos.
1				
2				
3				
4				

11 Details of Containerised Trucks

: Please give details of Owned Containerised Trucks Only.
(Attach a separate sheet, if necessary)

Sr.No.	Make	Model(Years)	Capacity (MTs)	Registration Nos.
1				
2				
3				
4				
5				
6				

12 Details of Refrigerated Vans

: Please give details of Owned Refrigerated Vans Only.
(Attach a separate sheet, if necessary)

Sr.No.	Make	Model(Years)	Capacity (MTs)	Registration Nos.
1				
2				
3				
4				
5				
6				

:3:

- 13 Name & Address of Principal Banker _____

- 14 Are you an approved Carrier by Indian Bank's Association, if yes Attach a copy of their approval letter. : Yes / No
- 15 Name of prominent Companies, whose Products are transported by your Firm on Regular Baise (Please give latest details Only and not the past details) : Attach a separate list giving full details
- 16 Total Freight Billing in Last Four Years (April – March) : 2012-13 Rs. In Lacs: _____
: 2013-14 Rs. In Lacs: _____
:2014-15 Rs. In Lacs: _____
:2015-16 Rs. In Lacs: _____
- 17 Are you willing to undertake transportation all over India from Gujarat : Yes/No
- 18 In case you are appointed as approved carrier, are you willing to open branch/ depute your representative at Anand/ Vallabh Vidyanagar : Yes/No
- 19 IBA Approval Code (Status) : Yes/No
- 20 Permanent Account Number (PAN) : _____

We declare that the information contained in this Data-Sheet is correct and truly stated.

Rubber Stamp Name : _____
Seal of the Firm Designation : _____

- Note : 1. Wherever the space is not sufficient, please provide information in separate sheet.
2. Please fill up the data-sheet completely. This is to get detailed information about your firm. Submission of this information does not guarantee Registration as approved carrier.