



MDG-IMS-02-15-F-04

AMULFED DAIRY, GANDHINAGAR

(A UNIT OF GUJARAT CO-OPERATIVE MILK MARKETING FEDERATION LTD.)

VENDOR REGISTRATION FORM

(FOR AUTHORIZED, DISTRIBUTORS/DEALERS/STOCKISTS, TRADERS, SERVICE PROVIDERS)

1. Category Item/Service for :
which registration is sought

2. Name of Firm :

3. Address of Reg. Office :

E-mail :

Phone (with STD Code) :

4. (a) Name of Contact Person :

(b) Status of the firm :
(Outside Gujarat, If any)

5. In case, Partnership firm :

(a)

(b)

(c)

6. If Proprietary Concern – Name :

7. If Private/Public Ltd. Co. :

(Memorandum of Association to be enclosed)

8. Year of Establishment of firm :

9. Category of items handled by you and their details :

Item catg.	Size	Make Manufacturer	Name of Agency
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(Enclose copy of Dealership/Agency approval letter from manufacturers)

10. Name and address of the dealer / depot from where you get delivery of item offered to us :

11. Please enclose details of Manufacturer for the products offered to us :

12. Central Sales Tax TIN No :
13. State Sales Tax TIN No :
14. PAN No :
15. Excise Reg. No. :

(Please enclosed Photocopies of above registration certificates)

16. Last 03 Years Sales (Business) of your firm (Avg. in Rs. Lacs) :

I (From to) Rs.

II (From to) Rs.

III (From to) Rs.

17. List of leading buyers from you for the products (services) offered to us

18. Item Category Name and address of buyer Annual business (Rs. Lacs)

19. Name of Bankers

20. IT Clearance certificate no. and date (Enclose a copy)

21. Latest annual report/ Auditor's Certificate

22. In case you are/were a supplier / service provider to co-op. dairies in Gujarat, please mention

(If yes then attach purchase order copy with this form)

(a) Name of dairy

(b) Item supplied

(c) Quantities supplied per year

23. If the business is discontinued with any of them reasons :

24. Whether any of your relatives is working with us or with our member dairies, if so, details

25. Please enclose product catalogues, specification, standard price list etc. for the item category being offered to us.

26. FSSAI No (If applicable) - _____ Valid From _____ Valid Upto

Kindly attach a copy of the same.

27. Any other information you would like to furnish to us.

DECLARATION

THE ABOVE INFORMATION IS TRUE IN ALL RESPECTS AND WE UNDERTAKE TO INFIRM YOU IF ANY CHANGE IN THE ABOVE PARTICULARS REGARDING OUR BUSINESS FROM TIME TO TIME.

PLACE :"

SIGNATURE OF AUTHORISED REPRESENTATIVE

DATE :

OF THE FIRM UNDER PROPER SEAL

FOR ODDICE USE

VENDOR NO:

★ INFORMATION RECEIVED IS FOUND TO BE SATISFACTORY

ENDORSEDD BY

RECOMMENDED

APPROVED

PURCHASE EXECUTIVE

TEAM LEADER
PURCHASE

OSD/GENERAL MANAGER

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

- COPY OF PAN CARD
- COPY OF EXCISE REGISTRATION (IF APPLICABLE)
- COPY OF GST REGISTRATION
- COPY OF CST REGISTRATION
- COPY OF BALANCE SHEET OF LAST THREE YEARS
- COPY OF TIN REGISTRATION
- COPY OF MSMED REGISTRATION
- COPY OF INCOME TAX RETURN OF LAST THREE YEARS
- COPY OF ISO CERTIFICATIONS (IF ANY)
- COPY OF SERVICE TAX REGISTRATION

PLEASE SEND THE FILLED FORM ALONG WITH ALL DOCUMENTS AS MENTIONED ABOVE TO THE FOLLOWING ADDRESS:

"SENIOR GENERAL MANAGER"
AMULFED DAIRY,
(A UNIT OF GCMMF LTD)
PLOT NO 35,
Nr. INDIRA BRIDGE,
AHMEDABAD-GANDHINAGAR HIGHWAY,
P.O. BHAT- 382428
GANDHINAGAR