

<u>Miki M</u>aize <u>M</u>illing Pvt. Ltd.

Regs. Office: - 59, G.I.D.C., KANSARI – 388 630 KHAMBHAT, Dist: - ANAND, GUJ, INIDA TEL: - +91 – 2698 – 221404, 224225, FAX: - 220170 Email: - <u>mikipoha@yahoo.com</u>, <u>mikigroup\_m3@yahoo.co.in</u>

## **Vendor Registration Form**

Vendor Information:							
Vendor Name:							
Parent / Principal Vend	or:						
Payments Term Code (	Credit Period):						
Bank Name:							
Branch Name / Address	5:						
Account Number:							
MICR Code:					]		
NEFT Code:							
RTGS Code:							
PAN Number:					]		
TAN Number:							
APMC Registration:							
FSSAI License Number							
If	paid within paid within paid within						

No and size of vehicles :					
No. of Salesman:					
Total Area of Warehouse:					
Market Area Coverage: (Km,No of Villages & Talukas)					
Total sales figure of other company & How long:					
Company Status: Private Limited: Public Limited: Partnership: Proprietorship: Other:					
Name of the Managing Director/: Partner/ Proprietor:					
Contact First Name:					
Last Name:					
Contact Phone (STD Code):					
Contact Mobile Number:					
Contact Fax. (With STD Code):					
Contact E-mail:					

Address:	
City	
State:	
Pin Code:	
Excise Duty Range:	
Excise Control Code:	
LST Registration Number:	
CST Registration Number:	
Service Tax Registration Number:	
VAT / TIN Registration Number:	
Whether Supply Point Address i (If No, Please furnish the returr	s the same as Goods Return Address: address in a separate sheet) YES NO
REMMITANCE / PAY (Cheque Pa	yment)
Contact: First Name:	
Last Name:	
Contact Phone (With STD Code)	
Contact Mobile No.:	
Contact Fax. (With STD Code):	
Contact E-mail:	

Address:	
City:	
State:	
Pin Code:	
Business / HO Address:	
Contact First Name:	
Last Name:	
Contact Phone. (With STD Code):	
Contact Mobile No.:	
Contact Fax. (With STD Code):	
Contact E-mail:	
Address:	
City:	
State:	
Pin Code:	

Miscellaneous:

Whether covered under the Micro / Small and Medium Enterprise Development Act' 2006:

## If yes provide Registration Certificate:

	Name:						Signature:					
Vendor Name & Signature:												
Date:									]			