

VENDOR REGISTRATION FORM
SAMPOORN MARKETING, NOIDA

1 VENDOR DETAILS (INVOICING DETAILS)

| | | | | | | |
|---------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|----------------------------------|-----------------------|----------|
| Company Name | | | | | Incorporation year | |
| Registered Address | | | | | | |
| City | | Pin code | | State | | |
| Constitution of Firm (Tick one) | Partnership <input type="checkbox"/> | Proprietor <input type="checkbox"/> | Private Ltd <input type="checkbox"/> | Limited <input type="checkbox"/> | Other (specify) _____ | |
| Proprietor / Partners / MD | | | | | | |
| Telephone : Land Line(s) | | | | Mobile#1 | | Mobile#2 |
| Corporate web site | | | E-mail Address | | | |

2 BUSINESS DETAILS

| | | | | | | |
|--------------------|--|--|--|--|--|--|
| Nature of Business | | | | | | |
|--------------------|--|--|--|--|--|--|

3 BUSINESS CONTACTS

| Designation | Name | E - Mail | Telephone | Mobile |
|---|------|----------|-----------|--------|
| Territory Sales Incharge (TSI) | | | | |
| Sales Officer (SO) | | | | |
| ASM | | | | |
| RSM | | | | |
| NSM / ZSM / Branch Head | | | | |
| Finance / Accounts (for account reco & claims) | | | | |

4 SUPPLY POINT / DEPOT ADDRESS from where supplies shall be made.

| | | | | | | |
|---|--|----------|----------|-----------|--------|--|
| Company supply point / Depot / Super stockist address | | | | | | |
| City | | Pin code | | State | | |
| Depot / Godown Manager | | | E - Mail | Telephone | Mobile | |

5 COMPLIANCE / STATUTORY REGISTRATIONS

| Statutory Details | Registration No. | Valid till | PLEASE ATTACH (Checklist) | |
|-------------------|------------------|------------|---------------------------|--------------------------|
| TIN | | | TIN Copy | <input type="checkbox"/> |
| CST | | | CST Registration Copy | <input type="checkbox"/> |
| FSSAI | | | FSSAI License Copy | <input type="checkbox"/> |
| PAN | | | PAN Copy | <input type="checkbox"/> |
| Service Tax | | | Service Tax Reg. Copy | <input type="checkbox"/> |

6 BANK DETAILS

| | | | | | | |
|-----------------------|--|----------|-----------|-------|--------------|--|
| Beneficiary Name | | | | | | |
| Beneficiary Address | | | | | | |
| City | | Pin code | | State | | |
| Name of Bank | | | | | | |
| Bank's Branch Address | | | | | | |
| City | | Pin code | | State | | |
| Account Number | | | IFSC Code | | Account type | |

7 DECLARATION

| | |
|--|---|
| I / We hereby declare that the above mentioned information is true and correct to the best of my / our knowledge and nothing material has been concealed thereto. Whenever there is any change / alteration / amendment or modification in the details what has been stated above, I / we shall inform you the same immediately. | VENDOR'S STAMP & SIGNATURE WITH DATE |
| SUBMITTED BY | |
| TITLE / DESIGNATION | |
| All information provided will be treated as per Sampooran Marketing's Confidentiality Policy. | |

8 VENDOR REGISTRATION DETAILS (For internal office use only. Not to be filled by vendor)

| | | | | | |
|-------------------------------|--|--------------------------------|--|-------------------|--|
| Vendor Code # | | Cust. code allotted by vendor | | Fixed Margin (DM) | |
| Agreed Credit limit | | Agreed Credit period | | DS salary p.m. | |
| Incentive on primary purchase | | DS incentive on secondary sale | | Van subsidy p.m. | |
| Any other terms & condition | | | | | |