



# INNOKAIZ INDIA PRIVATE LIMITED

Real Enclave, NEW NO 43 OLD NO 22 FLAT 1 4TH FLOOR, Josier St, Nungambakkam, Chennai, Tamil Nadu 600034

## **VENDOR REGISTRATION FORM**

Application No:

NAME OF VENDOR	
COMPANY REGISTERED ADDRESS	
ADDRESS FOR COMMUNICATION	
NAME OF CONTACT PERSON	
TELEPHONE / MOBILE NO	
E MAIL ADDRESS	
NAME OF PROPRIETOR/PARTNER/DIRECTORS	
PAN	
GST	
CIN	
TAN	
DIN	
AADHAR (IF INDIVIDUAL)	
PF REGN NO	

ESIC REGN NO	
LABOUR LICENSE	
EXCISE REGN NO	
ACCOUNT HOLDER NAME	
NAME OF THE BANK	
ACCOUNT NUMBER	
RTGS / IFSC CODE	
BANK BRANCH ADDRESS	
REGISTERED UNDER SMALL SCALE INDUSTRY	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES KINDLY PROVIDE THE REG CERTIFICATE & DETAILS
REGISTERED UNDER MSME	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES KINDLY PROVIDE THE REG CERTIFICATE & DETAILS
<b>NOTE:</b> 1. ABOVE MENTIONED ALL INFORMATION REQUIRED, IF ITS NOT APPLICABLE FOR YOUR ORGANISATION PLEASE MENTION NA 2. FOR ALL PAYMENT MADE STAMPED RECEIPTS HAVE TO BE GIVEN IMMEDIATELY. 3. TDS IF ANY APPLICABLE WILL BE DEDUCTED ON YOUR BEHALF. 4. PLEASE ATTACH THE COPY OF THE CANCELLED CHEQUE, REGISTRATION CERTIFICATES OF PAN, GST, PF, ESIC, LABOUR LICENSE, MSME CERTIFICATE ETC. 5. ALL THE DOCUMENTS SHOULD BE ORIGINAL WITH SIGN & SEAL.	
<input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director	
DATE:	PLACE: <span style="float: right;">AUTHORISED SIGNATURE</span>