

VENDOR REGISTRATION FORM

I. ORGANISATION'S PARTICULARS

1. Name of organization
2. Type of Organization (state whether private limited company, public imited company, sole
proprietorship or partnership, etc.):
3. Address of registered office:
4. Address of operational office:
5. Office Telephone No (if any):
6. Name of contact person within your organization:
7. Designation of contact person:
8. E-Mail address of contact person:
9. GSM No:
10. Location and telephone numbers of your branches and extent of operation in each
branch (attach annexure if necessary)
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III. QUESTIONS

Tick as applicable

Company stamp/ Sea/

 Will your activities generate waste? ☐ YES ☐ NO If yes, do you have any waste management plan? ☐ YES ☐ NO Has your argenization retained, or does it intend retain, any subsentractors, your argenization.
3. Has your organization retained, or does it intend retain, any subcontractors, vendors agents or representatives? YES NO
4. If yes, in addition, kindly furnish us with the names, addresses, and telephone number of
your subcontractors, vendors, agents or representatives:
5. Have you performed adequate due diligence with respect to the ability of your subcontractors to carry out the project efficiently? YES NO
Name:
Designation:
Date: