Supplier Master Form

General information about the Supplier

Supplier Type Department Responsible

Name of Supplier KF KITCHEN SOLUTIONS Name of Contact Person MEHBOOB

Supplier AddressNO.19, 10TH MAIN, MARUTHI INDUSTRIAL AREA,Corporate Identification29CQOPP3813J1Z9

THIGALARAPALYA MAIN ROAD, 4TH PHASE, PEENYA Number (CIN)

2ND STAGE

Country India State Karnataka

City BANGALORE Postal Code 560058

CurrencyIndian RupeeLandline Number9980717248

Email Address kfkitchensolutions@gmail.com

Email - Business/ Op's Team kfkitchensolutions@gmail.com Name Mehaboob Pasha Mobile Number 9980717248

Email - Accounts Departmen kfkitchensolutions@gmail.com Name Mehaboob Pasha Mobile Number 9980717248

Email - CFO Name Mobile Number

Email - CEO Or Director Name Mobile Number

| Bank Details | | | | | |
|----------------------|------------------------|------------------|-------------|------------------|-------------|
| Beneficiary Name | Bank Name | Bank Account No. | IFSC Code | Bank Branch Code | Swift Code |
| KF KITCHEN SOLUTIONS | KOTAK MAHINDRA BANK | 8447252198 | KKBK0008339 | 008339 | KKBKINBBBLR |

| Statutory Details | | | | | | | |
|-------------------|-----------------|--|--|-----------------------------------|-----------------|--|--|
| | (GSTN) | MSME (UDYAM REGISTRATION NUMBER) | | VAT TIN NUMBER (IF APPLICABLE) | (IF APPLICABLE) | PF & ESIC REGISTRATION NUMBER (IF APPLICABLE) | |
| CQOPP3813J | 29CQOPP3813J1Z9 | UDYAM-KR-03-0144000 | | | | | |

| | Additional Place Of Business | | | | | | | | |
|--------------------------------|--|---------------|-----------------------|----------------------|--------------|-------|------|--------|----------------------------|
| CONT NAI | | CONTACT NO | EMAIL | OFFICE ADDRESS | COUNTRY | STATE | CITY | GST NO | GST CERTIFICATE ATTACHMENT |
| | | | | | | | | | |
| | Type of Business with K-Corp proposed to be provided by the Supplier | | | | | | | | |
| Sr. No | HSN/S | SAC Code | Description of Good | ls/ Services | | | | | |
| 1 | 7326 | | commercial Kitchen Ed | uipment Manufacturer | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | Legal Entity | 1 | | | |
| O Publi | O Public Ltd Company O Pvt Ltd Company O Partnership Firm Proprietor Individual O Trust O LLP O HUF O AOP | | | | | | | | |
| | Agreed Payment Terms (In Days) | | | | | | | | |
| ● 30 Da | | | | | | | | | |
| Category And Sub Category Data | | | | | | | | | |
| Sr. No | Categor | у | | Sub Category | | | | | |
| 1 | | | | | | | | | |
| | | | | | | | | | |

| Registration to be done for entity | | | | | | |
|------------------------------------|---|---------------------------|--|--|--|--|
| SELECT | ENTITY NAME | ENTITY WISE SUPPLIRE CODE | | | | |
| \checkmark | TRAVEL FOOD SERVICES LIMITED - BLR | | | | | |
| ✓ | MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED | | | | | |
| ✓ | TRAVEL FOOD SERVICES LIMITED - TFSCPL | | | | | |
| | TRAVEL FOOD SERVICES LIMITED - TFSKPL | | | | | |
| ✓ | TRAVEL FOOD SERVICES LIMITED | | | | | |
| | TRAVEL FOOD SERVICES LIMITED - TFS HIGHWAY | | | | | |
| | Semolina Kitchens Private Limited | | | | | |
| | TRAVEL RETAIL SERVICES PRIVATE LIMITED | | | | | |
| | THE IRISH HOUSE FOOD AND BEVERAGE PVT LTD | | | | | |
| ✓ | Deluxe Caterers Pvt. Ltd. | | | | | |
| | KAPCO BANQUETS AND CATERING PVT LTD | | | | | |
| | Travel Food Services (Terminal-3) Pvt. Ltd. | | | | | |
| | GMR HOSPITALITY LIMITED | | | | | |
| | QMT LIFESTYLE AND TECHNOLOGY SERVICES PRIVATE LIMITED | | | | | |
| | TFS GURGAON AIRPORT SERVICES PRIVATE LIMITED | | | | | |

| Documents to be submitted | | | | | | | |
|----------------------------------|--|--------------------------|--|--|--|--|--|
| Status of submission | Documents to be submitted along with Supplier Master Form | | | | | | |
| \checkmark | Copy of PAN card | Copy of PAN card | | | | | |
| ✓ | Copy of GST Certi | Copy of GST Certificate | | | | | |
| | Copy of VAT Certif | icate | | | | | |
| | Lower TDS Certific | cates u/s. 197 | | | | | |
| \checkmark | Valid MSME - Udy | am Certificate | | | | | |
| | Valid FSSAI Certifi | cate | | | | | |
| | Copy of PF/ESIC r | registration Certificate | | | | | |
| \checkmark | Copy of cancelled cheque/ Details of bank account on letter head along with stamp and sign from Bank | | | | | | |
| | Self-Declaration in case of not registered under GST as per threshold limit | | | | | | |
| | CIN Number Registration Certificate | | | | | | |
| | Document for Modification of Existing Record | | | | | | |
| | | | | | | | |
| | | Source Of Information | | | | | |
| Source Of Information | Buyer | Is All Block | | | | | |
| | | Is Payment Block | | | | | |
| Additional Information | | | | | | | |
| Legal Entity | | Proprietor Individual | | | | | |
| Permanent Account Number (PAN) | | CQOPP3813J | | | | | |
| GST Number (GSTN) | | 29CQOPP3813J1Z9 | | | | | |
| MSME (UDYAM REGISTRATION NUMBER) | | UDYAM-KR-03-0144000 | | | | | |
| Lower TDS Certificates u/s. 197 | | | | | | | |
| VAT TIN Number | | | | | | | |
| FSSAI Number | | | | | | | |
| PF & ESIC registration Numb | er | | | | | | |

"Declaration by local Supplier for registration as Supplier under Respective Entities

- 1. The nature of business and contact/correspondence details provided by me/us are correct and complete
- 2. The bank and branch details provided by me/us are correct and complete
- 3. I/We have furnished my/our Income tax PAN Number. Where I/we have not furnished my/our Income tax PAN Number: I/We understand and agree to receive payments made to me/us, at net of withholding taxes (TDS) at 20%.
- 4. The GST Registration Certificate furnished by me/us is the latest, updated and GST Registration Certificate. Where I/we have not submitted the GST Certificate: I/We hereby declare and affirm that I/we have not registered with the department, since I/we am/are not required to do so, as per the GST provisions. Accordingly, I/we shall not charge GST on invoices raised on respective entities, either now or in the future, for the period for which I/we have not registered under GST
- 5. I/We further undertake to immediately inform you regarding any changes to any of the aforesaid particulars. In cases where specific registration numbers have been applied for but have not been obtained, I/we shall furnish copies of the application for registration so made & shall also furnish the registration, immediately upon receipt of the same. Notwithstanding this declaration, Respective entity may, at its sole discretion, require confirmations or any similar documentation or information and I/we agree to co-operate with all such requests in this regard.
- 6. I/We declare that all the above information is true, correct and complete, to the best of my/our knowledge and belief. Accordingly, I/We understand that the company is entitled to place reliance on the documents submitted by me/us in good faith.
- 7. I/We also understand that quoting of any false information in this declaration shall render me/us liable for all applicable legal and penal consequences, for which I/we shall be solely responsible
- 8. I/We confirm that, if we get MSME registration in coming future, it will be communicated with you by providing valid certificate and we also obtain email confirmation regarding updation of our vendor master database. Till then there will be no liability, provision for Interest / penalty as per MSMED Act 2006 on the entity"

| Authorized Signatory/Proprietor/Partner - with Date and Stamp | | | | | | |
|---|----------------------|------------|--|--|--|--|
| МЕНВООВ | KF KITCHEN SOLUTIONS | 30/12/2024 | | | | |
| Signature of Supplier | Stamp | Date | | | | |
| For Internal use | | | | | | |
| Request Department | | | | | | |
| | Swapnil Sutar | 02/01/2025 | | | | |
| Name Swapnil Sutar | Signature | Date | | | | |
| Approving Manager | | | | | | |
| | | | | | | |
| Name | Signature | Date | | | | |