## Supplier Master Form

## General information about the Supplier

Supplier Type					Department Responsible			
Name of Supplier	SWA	MINI ENTERPRISES			Name of Contact Person	A	ALPESH PAWAR	
Supplier Address	GAO	NO. 4-1, S. NO. 797, SATISH MAHAD NBHAG SANGLI, SANGLI, SANGLI, ARASHTRA, 416416	EV PAWAR	2,	Corporate Identification Number (CIN)	٢	NA	
Country	India				State	Ν	Maharashtra	
City					Postal Code	4	116416	
Currency	India	n Rupee			Landline Number			
Email Address	swan	ninientp0909@gmail.com						
Email - Business/ Op's Tea	m	swaminientp@gmail.com	Name	Alpesh Ch	avan		Mobile Number	9579558088
Email - Accounts Departme	en	rasikapawar1895@gmail.com	Name	Rasika Pa	war		Mobile Number	9284332865
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	
Swamini Enterprises	Kotak Mahindra bank	0948488502	KKBK0002046	2046	KKBKINBB	

	Statutory Details									
PERMANENT ACCOUNT NUMBER (PAN)	GST NUMBER (GSTN)	MSME (UDYAM REGISTRATION NUMBER)		VAT TIN NUMBER (IF APPLICABLE)	FSSAI NUMBER (IF APPLICABLE)	PF & ESIC REGISTRATION NUMBER (IF APPLICABLE)				
CRVPP5856R	27CRVPP5856R1Z9	UDYAM-MH-29-0097887								

	Additional Place Of Business							
CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	СІТҮ	GST NO	GST CERTIFICATE ATTACHMENT

	Type of Business with K-Corp proposed to be provided by the Supplier					
Sr. No	HSN/SAC Code	Description of Goods/ Services				
1	9954	CIVIL WORK, PAINTING WORK				
2	4418	CARPENTRY WORK				
3	7308	GENERAL FABRICATION WORK				

	Legal Entity								
O Public	Ltd Company	O Pvt Ltd Company	O Partnership Firm		Proprietor Individual	🔿 Trust	O LLP	O HUF	О аор
			Agre	ed Payn	nent Terms (In Da	ys)			
<b>④</b> 30 Days	vs O	45 Days	60 Days	) 90 Days	◯ Othe	er :			
Category And Sub Category Data									
Sr. No Category Sub Category									
1									

	Registration to be done for entity						
SELECT	ENTITY NAME	ENTITY WISE SUPPLIRE CODE					
	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				
	Copy of PAN card				
	Copy of GST Certificate				
	Copy of VAT Certificate				
	Lower TDS Certificates u/s. 197				
	Valid MSME - Udyam Certificate				
	Valid FSSAI Certificate				
	Copy of PF/ESIC registration Certificate				
V	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	Supplier	Is All Block			
		Is Payment Block			

Additional Information					
Legal Entity	Proprietor Individual				
Permanent Account Number (PAN)	CRVPP5856R				
GST Number (GSTN)	27CRVPP5856R1Z9				
MSME (UDYAM REGISTRATION NUMBER)	UDYAM-MH-29-0097887				
Lower TDS Certificates u/s. 197					
VAT TIN Number					
FSSAI Number					
PF & ESIC registration Number					

## "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.

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							
ALPESH PAWAR	SWAMINI ENTERPRISES	06/01/2025					
Signature of Supplier	Stamp	Date					
For Internal use							
Request Department							
	Mrunal Joshi	06/01/2025					
Name Mrunal Joshi	Signature	Date					
Approving Manager							
Name	Signature	Date					