

Vendor Master Form

General information about the vendor

Vendor Name	UNIBIC FOODS INDIA PVT. LTD	Registration to be done for entity (select appropriate entity)
Corporate Identification Number (CIN)		<input checked="" type="checkbox"/> Travel Food Services Pvt Ltd
Vendor Address	1134, 5, Shreeram Nivas, 100ft road, Indiranagar, Bengaluru (Bangalore) Urban, Karnataka, 560008	<input type="checkbox"/> Mumbai Airport Lounge Service Pvt Ltd
City	Bengaluru	<input type="checkbox"/> BLR Lounge Services Pvt Ltd
State	Karnataka	<input type="checkbox"/> Travel Food Services Kolkata Pvt Ltd
Postal Code	560008	<input type="checkbox"/> Travel Food Services Chennai Pvt Ltd
Country	India	<input type="checkbox"/> TFS (R&R Works) Private Limited
Landline Number		<input checked="" type="checkbox"/> Travel Retail Services Pvt Ltd
Email Address_ Accounts Department	cashmanagement@unibicfoods.com	<input type="checkbox"/> Semolina Kitchens Private Limited
Name & Mobile Number	Chandu Kumar-9052681601	<input type="checkbox"/> GMR Hospitality Limited
Email Address_ Business/ Op's Team	vinod.kumar@unibicfoods.in	<input type="checkbox"/> More Options_Select from below list
Name & Mobile Number	Vinod Kumar- 8750825939	

Product & services proposed to be provided by the vendor

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	19053100	COOKIES
2	21069099	SWEETS
3		
4		

GST Annexure - In case vendor proposed to supply from more than one state

Sr. No	State Name	State Code	Vendor GST Certificate Number
1	Rajasthan	8	08AAACU6928L1ZU
2	Karnataka	29	29AAACU6928L1ZQ
3	Tamilnadu	33	33AAACU6928L1Z1
4	West Bengal	19	19AAACU6928L1ZR
5	Telangana	36	36AAACU6928L1ZV

Additional Information

Legal Entity	Public Ltd Company	Pvt Ltd Company	Partnership Firm	Proprietor Individual
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goods/ Service Category	FOOD			
Agreed payment terms (in days)	<input checked="" type="checkbox"/> 30 Days	<input type="checkbox"/> 45 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days
	Other -			
Beneficiary Name as per bank	UNIBIC FOODS INDIA PVT LTD			
Bank Name	HDFC BANK			
Bank Account No.	57500000451820'			
IFSC Code (Ensure not to mix up Zero = 0 with Alphabet)	HDFC0000523			
Bank Branch Code	523			
Swift Code				
Permanent Account Number (PAN)	AAACU6928L			
GST Number (GSTN)	29AAACU6928L1ZQ			
Registration Number under MSMED Act 2006 (if applicable)	NA			
TAN Number	BLRU01263D			
Lower TDS Certificates u/s. 197 (if applicable)				
VAT TIN Number (if applicable)				
FSSAI Number (if applicable)	10012043000039'			
PF & ESIC registration Number (if applicable)				

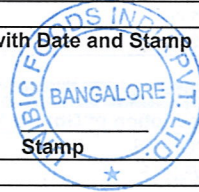
Documents to be submitted along with Vendor Master Form - (All documents are mandatory if applicable)	Status of submission
1. Copy of PAN card	<input checked="" type="checkbox"/>
2. Copy of GST Certificate	<input checked="" type="checkbox"/>
3. Copy of VAT Certificate (if applicable)	<input type="checkbox"/>
4. Lower TDS Certificates u/s. 197 (if applicable)	<input type="checkbox"/>
5. Valid MSME - Udyog Aadhar Certificate (if registered)	<input type="checkbox"/>
6. Valid FSSAI Certificate (if applicable)	<input checked="" type="checkbox"/>
7. Copy of PF/ESIC registration Certificate (if applicable)	<input type="checkbox"/>
8. Copy of cancelled cheque/ Details of bank account on letter head along with stamp and sign from Bank	<input checked="" type="checkbox"/>
9. Self-Declaration in case of not registered under GST as per threshold limit (if applicable)	<input type="checkbox"/>

Declaration by local vendor for registration as vendor 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 MSME Act 2006 on the entity

Authorized Signatory/Proprietor/Partner – with Date and Stamp

Mow Tibreew



18-10-2023

Signature of Supplier

Stamp

Date

For Internal use

Request Department

Name _____

Signature _____

Date _____

Approving Manager

Name _____

Signature _____

Date _____

Approving Manager (Approving manager will be the Function Head/ Regional GM)