

## Vendor Master Form

### General information about the vendor

<b>Vendor Name</b>	AALLIANCE TSCS PVT LTD	<b>Registration to be done for entity (select appropriate entity)</b>
<b>Corporate Identification Number (CIN)</b>	U60300MH2021PTC360152	<input checked="" type="checkbox"/> Travel Food Services Pvt Ltd
<b>Vendor Address</b>	Regd Office : 703, FAIRY APARTMENT, HOLY CROSS ROAD, I.C. COLONY, BORIVALI WEST, MUMBAI - 400103 HO: Unit No. L-5, Gr Flr., KBM Compound, Military Road, Andheri East, MUMBAI - 400059	<input checked="" type="checkbox"/> Mumbai Airport Lounge Service Pvt Ltd
<b>City</b>	MUMBAI	<input checked="" type="checkbox"/> BLR Lounge Services Pvt Ltd
<b>State</b>	MAHARASHTRA	<input checked="" type="checkbox"/> Travel Food Services Kolkata Pvt Ltd
<b>Postal Code</b>	400059	<input checked="" type="checkbox"/> Travel Food Services Chennai Pvt Ltd
<b>Country</b>	India	<input checked="" type="checkbox"/> TFS (R&R Works) Private Limited
<b>Landline Number</b>		<input checked="" type="checkbox"/> Travel Retail Services Pvt Ltd
<b>Email Address_ Accounts Department</b>		<input checked="" type="checkbox"/> Semolina Kitchens Private Limited
<b>Name &amp; Mobile Number</b>	MERVYN GONSALVES -M 9820141447	<input checked="" type="checkbox"/> GMR Hospitality Limited
<b>Email Address_ Business/ Op's Team</b>	<a href="mailto:mervyn.aalliance@gmail.com">mervyn.aalliance@gmail.com</a>	<input type="checkbox"/> <b>More Options_Select from below list</b>
<b>Name &amp; Mobile Number</b>		

### Product & services proposed to be provided by the vendor

Sr. No	HSN/SAC Code	Description of Goods/ Services
1		LOGISTICS & TRANSPORTATION AND OUTSOURCING
2		
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			
2			
3			
4			

### Additional Information

<b>Legal Entity</b>	Public Ltd Company	Pvt Ltd Company	Partnership Firm	Proprietor Individual
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goods/ Service Category</b>	LOGISTICS & TRANSPORTATION AND OUTSOURCING			
<b>Agreed payment terms (in days)</b>	<input checked="" type="checkbox"/> 30 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days			<b>Other - 90% advance &amp; balance on delivery</b>
<b>Beneficiary Name as per bank</b>	AALLIANCE TSCS PVT LTD			
<b>Bank Name</b>	HDFC Bank Ltd			
<b>Bank Account No.</b>	59200050505050			
<b>IFSC Code (Ensure not to mix up 'Zero = 0' with Alphabet 'O')</b>	HDFC0000411			
<b>Bank Branch Code</b>				
<b>Swift Code</b>				
<b>Permanent Account Number (PAN)</b>	AAVCA1971E			
<b>GST Number (GSTN)</b>	27AAVCA1971E1ZF			
<b>Registration Number under MSMED Act 2006 (if applicable)</b>	UDYAM-MH-18-0134626			
<b>TAN Number</b>				
<b>Lower TDS Certificates u/s. 197 (if applicable)</b>				
<b>VAT TIN Number (if applicable)</b>				
<b>FSSAI Number (if applicable)</b>				
<b>PF &amp; ESIC registration Number (if applicable)</b>				

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 checked="" 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 MSMED Act 2006 on the entity

**Authorized Signatory/DIRECTOR – with Date and Stamp**

For AALLIANCE TSCS PRIVATE LIMITED  
*Merry S Merry S*  
DIRECTOR / AUTHORISED SIGNATORY



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)**