

Vendor Master Form

General information about the vendor

Vendor Name	Snack Factory Private Limited	Registration to be done for entity (select appropriate entity) <input type="checkbox"/> Travel Food Services Pvt Ltd <input type="checkbox"/> Mumbai Airport Lounge Service Pvt Ltd <input type="checkbox"/> BLR Lounge Services Pvt Ltd <input type="checkbox"/> Travel Food Services Kolkata Pvt Ltd <input type="checkbox"/> Travel Food Services Chennai Pvt Ltd <input type="checkbox"/> TFS (R&R Works) Private Limited <input checked="" type="checkbox"/> Travel Retail Services Pvt Ltd <input type="checkbox"/> Semolina Kitchens Private Limited <input type="checkbox"/> GMR Hospitality Limited More Options_Select from below list <input type="checkbox"/>
Corporate Identification Number (CIN)	U15490TN2020PTC133573	
Vendor Address	No 18 ,4Th floor,Govind Mohala Village,Haiderpu ,Shalimar bagh poorvi,New Delhi	
City	New Delhi	
State	Delhi	
Postal Code	110088	
Country	India	
Landline Number		
Email Address_ Accounts Department	tulasikiran@bluejaunuts.com	
Name & Mobile Number	Tulasi Kiran : 8374804878	
Email Address_ Business/ Op's Team	deepti@topnut.in / tejasvi@topnut.in	
Name & Mobile Number	7401276398 / 9999044190	

Product & services proposed to be provided by the vendor

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	80132	Cashews W240 - 100gms
2	80212	Almonds - 100gms
3	80252	Pista - 100gms
4	80232	Walnut - 100gms
5	80620	Raisins - 100gms
6	20081910	Dry Roasted Cashews - 100gms
7	20081910	Pink Salt Cashews - 100gms
8	20081920	Dry Roasted Almonds - 100gms
9	20081920	Black Salt Almonds - 100gms
10	20081920	Smoked BBQ Almonds - 100gms
11	20081910	Truffle Cashews - 100gms
12	20081910	Sriracha Sesame Cashew - 180gms
13	20081910	Italian Herb&Pepper Cashew - 180gms
14	20081920	Champion Nut Mix - 180gms
15	20081920	Truffle Nut Mix - 180gms
16	20081920	Very Berry Nut Mix - 180gms
17	20081920	Smoked BBQ Almonds - 180gms
18	20081910	Pink Salt Cashews - 180gms
19	20081910	Truffle Cashews - 180gms
20	20081920	Black Salt Almonds - 180gms
21	20081920	Dry Roasted Almonds - 180gms
22	20081910	Dry Roasted Cashews - 180gms
23	20089900	Top Nut Gift Box - Pack of 3
24	20089900	Top Nut Gift Box - Pack of 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	Delhi	7	07ABDCS1838H1ZB
2			
3			
4			

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				
Agreed payment terms (in days)	<input type="checkbox"/> 30 Days <input checked="" type="checkbox"/> 45 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days Other -			
Beneficiary Name as per bank	SNACK FACTORY PRIVATE LIMITED			
Bank Name	AXIS BANK			
Bank Account No.	919020080885154			
IFSC Code (Ensure not to mix up "Zero = 0" with Alphabet 'O')	UTIB0000676			
Bank Branch Code	676			
Swift Code	AXISINBB676			
Permanent Account Number (PAN)	ABDCS1838H			
GST Number (GSTN)	07ABDCS1838H1ZB			
Registration Number under MSME Act 2006 (if applicable)	UDYAM-AP-02-0000815			

TAN Number	
Lower TDS Certificates u/s. 197 (if applicable)	
VAT TIN Number (if applicable)	
FSSAI Number (if applicable)	10020044001986
PF & ESIC registration Number (if applicable)	ESI - 79000720470000009 / EPF - GRCDP2091893000

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 checked="" 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/Proprietor/Partner with Date and Stamp


Signature of Supplier


Stamp Authorised Signatory


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)