

Supplier Master Form

General information about the Supplier

Supplier Type		Department Responsible	
Name of Supplier	SMARTIVITY LABS PVT. LTD.	Name of Contact Person	AMIT BHUSHAN SINGH
Supplier Address	PLOT NO. 147, SECTOR 5, IMT, MANESAR, MANESAR, HARYANA, 122052	Corporate Identification Number (CIN)	U74140DL2015PTC277272
Country	India	State	Haryana
City	GURUGRAM	Postal Code	122052
Currency	Indian Rupee	Landline Number	9873130197
Email Address	amit@smartivity.in		
Email - Business/ Op's Team	amit@smartivity.in	Name	Amit bhushan singh
		Mobile Number	9873130197
Email - Accounts Departmen	ashutosh@smartivity.in	Name	Ashutosh Kumar
		Mobile Number	7532949009
Email - CFO	jatin@smartivity.in	Name	Jatin
		Mobile Number	9718221412
Email - CEO Or Director	ashwini@smartivity.in	Name	Ashwini Kumar
		Mobile Number	95600 90718

Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
SMARTIVITY LABS PVT LTD	IndusInd bank	200999940022	INDB0000044	000044	INDBINBBXXX

Statutory Details

PERMANENT ACCOUNT NUMBER (PAN)	GST NUMBER (GSTN)	MSME (UDYAM REGISTRATION NUMBER)	LOWER TDS CERTIFICATES U/S. 197 (IF APPLICABLE)	VAT TIN NUMBER (IF APPLICABLE)	FSSAI NUMBER (IF APPLICABLE)	PF & ESIC REGISTRATION NUMBER (IF APPLICABLE)
AAVCS5204J	06AAVCS5204J1Z0	UDYAM-DL-08-0002039				

Additional Place Of Business

CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT

Product & services proposed to be provided by the Supplier

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	95030020	SMRT1163 Hydraulic plane launcher
2	95030010	SMRT1216 Electro play lab
3	95030020	SMRT1192 Mega science kit
4	95030020	SMRT1169 Pinball machine
5	95030020	SMRT1230 Magic of science
6	95030020	SMRT1276 my first science kit
7	95030020	SMRT1182 Foosball
8	95030020	SMRT1179 infinity calendar
9	95030020	SMRT1214 Glow in the dark
10	95030020	SMRT1215 Mini football

Legal Entity

Public Ltd Company
 Pvt Ltd Company
 Partnership Firm
 Proprietor Individual
 Trust
 LLP
 HUF
 AOP

Agreed Payment Terms (In Days)

30 Days
 45 Days
 60 Days
 90 Days
 Other :

Category And Sub Category Data

Sr. No	Category	Sub Category
1		

Registration to be done for entity

SELECT	ENTITY NAME	ENTITY WISE SUPPLIRE CODE
<input type="checkbox"/>	Travel Food Services Private Limited - BLR	
<input type="checkbox"/>	MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	Travel Food Services Private Limited - TFSCPL	
<input type="checkbox"/>	Travel Food Services Private Limited - TFSKPL	
<input type="checkbox"/>	TRAVEL FOOD SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	TFS (R&R Works) Private Limited	
<input type="checkbox"/>	Semolina Kitchens Private Limited	
<input type="checkbox"/>	TRAVEL RETAIL SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	THE IRISH HOUSE FOOD AND BEVERAGE PVT LTD	
<input type="checkbox"/>	Deluxe Caterers Pvt. Ltd.	
<input type="checkbox"/>	KAPCO BANQUETS AND CATERING PVT LTD	
<input type="checkbox"/>	Travel Food Services (Terminal-3) Pvt. Ltd.	
<input type="checkbox"/>	GMR HOSPITALITY LIMITED	
<input type="checkbox"/>	QMT LIFESTYLE AND TECHNOLOGY SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	TFS GURGAON AIRPORT SERVICES PRIVATE LIMITED	

Documents to be submitted

Status of submission	Documents to be submitted along with Supplier Master Form
<input checked="" type="checkbox"/>	Copy of PAN card
<input checked="" type="checkbox"/>	Copy of GST Certificate
<input type="checkbox"/>	Copy of VAT Certificate
<input type="checkbox"/>	Lower TDS Certificates u/s. 197
<input checked="" type="checkbox"/>	Valid MSME - Udyam Certificate
<input type="checkbox"/>	Valid FSSAI Certificate
<input type="checkbox"/>	Copy of PF/ESIC registration Certificate
<input checked="" type="checkbox"/>	Copy of cancelled cheque/ Details of bank account on letter head along with stamp and sign from Bank
<input type="checkbox"/>	Self-Declaration in case of not registered under GST as per threshold limit
<input checked="" type="checkbox"/>	CIN Number Registration Certificate
<input type="checkbox"/>	Document for Modification of Existing Record

Source Of Information

Source Of Information

Supplier

Is All Block

Is Payment Block

Additional Information

Legal Entity	<input checked="" type="checkbox"/> Pvt Ltd Company
Permanent Account Number (PAN)	AAVCS5204J
GST Number (GSTN)	06AAVCS5204J1Z0
MSME (UDYAM REGISTRATION NUMBER)	UDYAM-DL-08-0002039
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.
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

AMIT BHUSHAN SINGH

Signature of Supplier

SMARTIVITY LABS PVT. LTD.

Stamp

19/06/2024

Date

For Internal use

Request Department

Name Sunil Ojha

Sunil Ojha

Signature

21/10/2024

Date

Approving Manager

Name _____

Signature

Date