

Supplier Master Form

General information about the Supplier

Supplier Type	Capex & Maintenance supplier	Department Responsible	Capex procurement & Project Team
Name of Supplier	INTER CARE ENTERPRISES	Name of Contact Person	SHAIKH ATTAHAR ALI
Supplier Address	PLOT NO 51,SHIVALAL HARBAK CHAWL,DIAMA ROADD,BANDRA EAST, MUMBAI 40051	Corporate Identification Number (CIN)	NA
Country	India	State	Maharashtra
City	MUMBAI	Postal Code	400051
Currency	Indian Rupee	Landline Number	+91 91675 93786
Email Address	info.intercareenterprises@gmail.com		
Email - Business/ Op's Team	projectsintercareenterprises@gmail.coms	Name	Shaikh Takbir Ahammed
		Mobile Number	9167593786
Email - Accounts Departmen	info.intercareenterprises@gmail.com	Name	Shaikh Takbir Ahammed
		Mobile Number	9820485192
Email - CFO	info.intercareenterprises@gmail.com	Name	Shaikh Attahar Ali
		Mobile Number	9820993221
Email - CEO Or Director	info.intercareenterprises@gmail.com	Name	Shaikh Attahar Ali
		Mobile Number	9820993221

Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
INTERCARE ENTERPRISE	KOTAK MAHINDRA BANK	09572090004244	KKBK0001382	1382	NA

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)
AYSPS6907Q	27AYSPS6907Q1Z5					

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		

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 : 10-15 DAYS

Category And Sub Category Data

Sr. No	Category	Sub Category
1	Interiors	Interior Work
2	Interiors	Barricade
3	Interiors	Demolition
4	Interiors	Civil Work
5	Interiors	MS Structure
6	Services	Plumbing Work
7	Services	Toilet Fixture
8	Services	Interior Electrical
9	Services	Air-Conditioning
10	Decoration & Other Fixture	Signage
11	Decoration & Other Fixture	Decorative Items & Artworks
12	Decoration & Other Fixture	Loose Furniture

Registration to be done for entity

SELECT	ENTITY NAME	ENTITY WISE SUPPLIRE CODE
<input type="checkbox"/>	BLR LOUNGE SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	TRAVEL FOOD SERVICES CHENNAI PRIVATE LIMITED	
<input type="checkbox"/>	TRAVEL FOOD SERVICES KOLKATA PRIVATE LIMITED	
<input type="checkbox"/>	TRAVEL FOOD SERVICES PRIVATE LIMITED	
<input checked="" type="checkbox"/>	TFS (R&R Works) Private Limited	V0000720
<input checked="" type="checkbox"/>	Semolina Kitchens Private Limited	V000944
<input type="checkbox"/>	TRAVEL RETAIL SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	THE IRISH HOUSE FOOD AND BEVERAGE PVT LTD	
<input checked="" type="checkbox"/>	Deluxe Caterers Pvt. Ltd.	RV242523029
<input type="checkbox"/>	KAPCO BANQUETS AND CATERING PVT LTD	
<input type="checkbox"/>	Travel Food Services (Terminal-3) Pvt. Ltd.	
<input checked="" type="checkbox"/>	GMR HOSPITALITY LIMITED	RV242523029

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 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 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"/> Proprietor Individual
Permanent Account Number (PAN)	AYSPS6907Q
GST Number (GSTN)	27AYSPS6907Q1Z5
MSME (UDYAM REGISTRATION NUMBER)	
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

SHAIKH ATTAHAR ALI

Signature of Supplier

INTER CARE ENTERPRISES

Stamp

29/06/2024

Date

For Internal use

Request Department

Name Stephen P

Stephen P

Signature

20/07/2024

Date

Approving Manager

Name Mastercreation TFS

Mastercreation TFS

Signature

22/07/2024

Date