

## Supplier Master Form

### General information about the Supplier

<b>Supplier Type</b>		<b>Department Responsible</b>	
<b>Name of Supplier</b>	HOTEL KEMPS CORNER	<b>Name of Contact Person</b>	SANJAY AWATRAMANI
<b>Supplier Address</b>	131, AUGUST KRANTI RD, KEMPS CORNER, MALABAR HILL, MUMBAI, MAHARASHTRA 400036	<b>Corporate Identification Number (CIN)</b>	NA
<b>Country</b>	India	<b>State</b>	Maharashtra
<b>City</b>	MUMBAI	<b>Postal Code</b>	400036
<b>Currency</b>	Indian Rupee	<b>Landline Number</b>	9082731708
<b>Email Address</b>	reservation@hotelkempscorner.com		
<b>Email - Business/ Op's Team</b>	reservation@hotelkempscorner.com	<b>Name</b>	PADMINI
		<b>Mobile Number</b>	9082731708
<b>Email - Accounts Departmen</b>	accounts@hotelkempscorner.com	<b>Name</b>	NEELAKANTH
		<b>Mobile Number</b>	9082721708
<b>Email - CFO</b>		<b>Name</b>	
		<b>Mobile Number</b>	
<b>Email - CEO Or Director</b>		<b>Name</b>	
		<b>Mobile Number</b>	

### Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
HOTEL KEMPS CORNER	Bank of Baroda	A/c: 03790200000422	IFSC CODE: BARBOALTAMO	: Altamount Road	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)
AAAFH0626F	27AAAFH0626F1ZV	NA	NA	27690011063V	11518002000394	MHBAN0023614000 & 310003

### 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 : Payment Prior Check in

### 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"/>	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 checked="" 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	

## 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 checked="" 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"/> Partnership Firm
Permanent Account Number (PAN)	AAAFH0626F
GST Number (GSTN)	27AAAFH0626F1ZV
MSME (UDYAM REGISTRATION NUMBER)	NA
Lower TDS Certificates u/s. 197	NA
VAT TIN Number	27690011063V
FSSAI Number	11518002000394
PF & ESIC registration Number	MHBAN0023614000 & 31000315070001102

**"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**

SANJAY AWATRAMANI

**Signature of Supplier**

HOTEL KEMPS CORNER

**Stamp**

06/09/2024

**Date**

**For Internal use**

**Request Department**

**Name** Royston Andrew Netto

Royston Andrew Netto

**Signature**

13/09/2024

**Date**

**Approving Manager**

**Name** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**