

Supplier Master Form

General information about the Supplier

Supplier Type
Department Responsible
Name of Supplier

SAKSHAM MARKETING

Name of Contact Person

GOVINDAPPA B

Supplier Address

 SHOP # 02, NO 15 & 16, GROUND FLOOR,
 18TH "A CROSS, DASARAHALLI MAIN ROAD,
 BHUVANESHWARINAGARA, HEBBAL KEMPAPURA
 BANGALORE-560024
 India

**Corporate Identification
Number (CIN)**

GDN-F467-2020-21

Country
State

Karnataka

City

Bengaluru

Postal Code

560024

Currency

Indian Rupee

Landline Number

9343824409

Email Address

govind.sakshammarketing@gmail.com

Email - Business/ Op's Team

govind.sakshammarketing@gmail.com

Name

Govindappa B

Mobile Number

9343824409

Email - Accounts Departmen

veeresh.suryan@sakshaminteriors.in

Name

Veeresh S

Mobile Number

9108516735

Email - CFO

govind.sakshammarketing@gmail.com

Name

Govindappa B

Mobile Number

9343824409

Email - CEO Or Director

govind.sakshammarketing@gmail.com

Name

Govindappa B

Mobile Number

9343824409

Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
Saksham Marketing	ICICI Bank	318005000749	ICIC0003180	3180	ICICINBBCTS

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)
AEIFS5811H	29AEIFS5811H1ZR	UDAYAM-KR-03-0048121			21224178000633	

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	22021010	Campa Cola 330ml Can
2	22021010	Campa Lemon 330ml Can
3	22021010	Campa Orange 330ml Can
4	22021010	Campa Cola Zero 330ml Can
5	22011010	Campa Serenity Water 500ml
6	22021010	Campa Power Up 330ml Can

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 : 15 Days

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 type="checkbox"/>	TRAVEL FOOD SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	TFS (R&R Works) Private Limited	
<input type="checkbox"/>	Semolina Kitchens Private Limited	
<input checked="" 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 checked="" 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 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"/> Partnership Firm
Permanent Account Number (PAN)	AEIFS5811H
GST Number (GSTN)	29AEIFS5811H1ZR
MSME (UDYAM REGISTRATION NUMBER)	UDAYAM-KR-03-0048121
Lower TDS Certificates u/s. 197	
VAT TIN Number	
FSSAI Number	21224178000633
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

GOVINDAPPA B _____

Signature of Supplier

SAKSHAM MARKETING _____

Stamp

24/09/2024 _____

Date

For Internal use

Request Department

Name Sunil Ojha _____

Sunil Ojha _____

Signature

26/09/2024 _____

Date

Approving Manager

Name _____

Signature

Date