Supplier Master Form

General information about the Supplier

Supplier Type Department Responsible

Name of Supplier MANY N MORE Name of Contact Person MR VIVEK SAHANI

Supplier AddressSHOP NO. 23, BLOCK NO 56, MILROCK KADAMBACorporate IdentificationNOTAPPLICABLE

COMPLEX, Number (CIN)
KADAMBA PLATEAU, OLD GOA BYPASS, BAINGUINIM

Country India State Goa

City Postal Code 403402

CurrencyIndian RupeeLandline Number62636 97170

Email Address manynmoregoa@gmail.com

Email - Business/ Op's Team manynmoregoa@gmail.com Name VIVEK SAHNI Mobile Number 9209516780

Email - Accounts Departmen manynmoregoa@gmail.com Name PRANEETA KALGUTKAR Mobile Number 9284341240

Email - CFO Name Mobile Number

Email - CEO Or Director Name Mobile Number

| Bank Details | | | | | |
|------------------|------------|------------------|-------------|------------------|-------------|
| Beneficiary Name | Bank Name | Bank Account No. | IFSC Code | Bank Branch Code | Swift Code |
| MANY N MORE | ICICI BANK | 198305500070 | ICIC0001983 | 001983 | ICICINBBNRI |

| 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) | |
| BUFPS8352D | 30BUFPS8352D1ZQ | UDYAMGA010028604 | | | 10621001000077 | | |

| | Additional Place Of Business | | | | | | | | |
|--|--|---------------|----------------|----------------|--------------|----------|------|--------|----------------------------|
| CONT | | CONTACT NO | EMAIL | OFFICE ADDRESS | COUNTRY | STATE | CITY | GST NO | GST CERTIFICATE ATTACHMENT |
| | | | | | | | | | |
| Product & services proposed to be provided by the Supplier | | | | | | | | | |
| Sr. No | | | | | | | | | |
| 1 | 200410 | 000 | DAIRY & FROZEN | | | | | | |
| | • | | • | | | | | | |
| | | | | | | | | | |
| | | | | | Legal Entity | <i>!</i> | | | |
| O Public | O Public Ltd Company O Pvt Ltd Company O Partnership Firm Proprietor Individual Trust O LLP O HUF O AOP | | | | | | | | |
| Agreed Payment Terms (In Days) | | | | | | | | | |
| O 30 Days Other : 15 TO 30 DAYS | | | | | | | | | |
| Category And Sub Category Data | | | | | | | | | |
| Sr. No | Categor | у | | Sub Category | | | | | |
| 1 | | | | | | | | | |

| Registration to be done for entity | | | | | | |
|------------------------------------|---|---------------------------|--|--|--|--|
| SELECT | ENTITY NAME | ENTITY WISE SUPPLIRE CODE | | | | |
| | Travel Food Services Private Limited - BLR | | | | | |
| | MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED | | | | | |
| | Travel Food Services Private Limited - TFSCPL | | | | | |
| | Travel Food Services Private Limited - TFSKPL | | | | | |
| ✓ | TRAVEL FOOD SERVICES PRIVATE LIMITED | | | | | |
| | Travel Food Services Private Limited - TFS Highway | | | | | |
| | Semolina Kitchens Private Limited | | | | | |
| | TRAVEL RETAIL SERVICES PRIVATE LIMITED | | | | | |
| | THE IRISH HOUSE FOOD AND BEVERAGE PVT LTD | | | | | |
| | Deluxe Caterers Pvt. Ltd. | | | | | |
| | KAPCO BANQUETS AND CATERING PVT LTD | | | | | |
| | Travel Food Services (Terminal-3) Pvt. Ltd. | | | | | |
| | GMR HOSPITALITY LIMITED | | | | | |
| | QMT LIFESTYLE AND TECHNOLOGY SERVICES PRIVATE LIMITED | | | | | |
| | TFS GURGAON AIRPORT SERVICES PRIVATE LIMITED | | | | | |

| Documents to be submitted | | | | | | | |
|---|--|---|--|--|--|--|--|
| Status of submission | Documents to be submitted along with Supplier Master Form | | | | | | |
| \checkmark | Copy of PAN card | Copy of PAN card | | | | | |
| ✓ | Copy of GST Certi | Copy of GST Certificate | | | | | |
| | Copy of VAT Certif | icate | | | | | |
| | Lower TDS Certific | cates u/s. 197 | | | | | |
| | Valid MSME - Udy | am Certificate | | | | | |
| \checkmark | Valid FSSAI Certifi | cate | | | | | |
| | Copy of PF/ESIC r | registration Certificate | | | | | |
| \checkmark | Copy of cancelled cheque/ Details of bank account on letter head along with stamp and sign from Bank | | | | | | |
| | Self-Declaration in case of not registered under GST as per threshold limit | | | | | | |
| | CIN Number Registration Certificate | | | | | | |
| | Document for Modification of Existing Record | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Source Of Information | Supplier | Source Of Information Is All Block | | | | | |
| Source of information | оприст | Is Payment Block | | | | | |
| | | | | | | | |
| Land Futto | | Additional Information Proprietor Individual | | | | | |
| Legal Entity Permanent Account Number (PAN) | | BUFPS8352D | | | | | |
| GST Number (GSTN) | | 30BUFPS8352D1ZQ | | | | | |
| MSME (UDYAM REGISTRATION NUMBER) | | UDYAMGA010028604 | | | | | |
| Lower TDS Certificates u/s. 197 | | | | | | | |
| VAT TIN Number | | | | | | | |
| FSSAI Number | | 10621001000077 | | | | | |
| PF & ESIC registration Number | er | | | | | | |

"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 | | | | | | |
|---|----------------|------------|--|--|--|--|
| MR VIVEK SAHANI | MANY N MORE | 28/10/2024 | | | | |
| Signature of Supplier | Stamp | Date | | | | |
| For Internal use | | | | | | |
| Request Department | | | | | | |
| | Cleyton Dcosta | 28/10/2024 | | | | |
| Name Cleyton Dcosta | Signature | Date | | | | |
| Approving Manager | | | | | | |
| | | | | | | |
| Name | Signature | Date | | | | |