

Supplier Master Form

General information about the Supplier

Supplier Type		Department Responsible	
Name of Supplier	RACHETA INTERIORS	Name of Contact Person	SATTISH TAMBA
Supplier Address	#59, APOLLO INDUSTRIAL PREMISES CSL, OFF MAHAKALI CAVES ROAD, ANDHERI EAST,	Corporate Identification Number (CIN)	NA
Country	India	State	Maharashtra
City	MUMBAI	Postal Code	400093
Currency	Indian Rupee	Landline Number	9867390584
Email Address	shailesh@racheta.in		
Email - Business/ Op's Team	sanjay@racheta.in	Name	NA
		Mobile Number	9867390584
Email - Accounts Departmen	shailesh@racheta.in	Name	Shailesh Surve
		Mobile Number	9773454491
Email - CFO	ifno@racheta.in	Name	NA
		Mobile Number	.
Email - CEO Or Director	sattishtamba@racheta.in	Name	Sattish Tamba
		Mobile Number	9867390584

Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
RACHETA INTERIORS	THE SARASWAT CO OPERATIVE BANK LTD	449500100000029	SRCB0000449	000449	SRCBINBBAND

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)
AAAPT5439L	27AAAPT5439L2Z7	MH18E0121353				35000446120000999

Additional Place Of Business

CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT
SANTOSH JADHAV	7977991075	info@racheta.in	3rd Floor, Kanhaiya Industrial Estate, Bldg No.1, Gala No.303, Plot B, Kanhaiya Industrial Estate, Vasai Road, Rajprabha Industrial Estate, Chandrapada, Vasai Virar, Palghar, Maharashtra, 401208	India	Maharashtra	Naigaon	27AAAPT5439L2Z7	GSTCertificateaddAdditionalPlacesofBusiness(1).pdf

Product & services proposed to be provided by the Supplier

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	995478	Works Contract Services
2	940330	Factory Finished Goods

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 checked="" 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"/>	Travel Food Services Private Limited - TFS Highway	
<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 checked="" 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 checked="" 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 checked="" 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)	AAAPT5439L
GST Number (GSTN)	27AAAPT5439L2Z7
MSME (UDYAM REGISTRATION NUMBER)	MH18E0121353
Lower TDS Certificates u/s. 197	
VAT TIN Number	
FSSAI Number	
PF & ESIC registration Number	35000446120000999

"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

SATTISH TAMBA

Signature of Supplier

RACHETA INTERIORS

Stamp

29/10/2024

Date

For Internal use

Request Department

Name Binu Balachandran

Binu Balachandran

Signature

29/10/2024

Date

Approving Manager

Name

Signature

Date