

Supplier Master Form

General information about the Supplier

Supplier Type		Department Responsible	
Name of Supplier	INTERCARE ENTERPRISE NX	Name of Contact Person	KAIUM
Supplier Address	OMKAR MERIDIA, 6TH FLOOR, B WING, ROOM NO - 607, PRABHAKAR KELUSKAR MARG, KURLA WEST	Corporate Identification Number (CIN)	CKUPB6587M
Country	India	State	Maharashtra
City	Mumbai Suburban	Postal Code	400070
Currency	Indian Rupee	Landline Number	9930702814
Email Address	kaium@intercareenterprisenx.in		
Email - Business/ Op's Team	kaium@intercareenterprisenx.in	Name	MD KAIUM
		Mobile Number	9930702814
Email - Accounts Departmen	kaium@intercareenterprisenx.in	Name	MD KAIUM
		Mobile Number	9930702814
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
Intercare EnterpriseNX	HDFC bank	50200097000661	HDFC0000543	00543	HDFC0000543

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)
CKUPB6587M	27CKUPB6587M1Z6	UDYAM-MH-18-0354197				

Additional Place Of Business

CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT
MD KAIUM	9930702814	kaium@intercareente rprisenx.in	8B Ekbal pure lane, 1st floor	India	West Bengal	Kolkata		GST-KOLKATA.pdf

Product & services proposed to be provided by the Supplier

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	995462	Civil work, Carpentry work, Plumbing work, POP & Painting work

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 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 checked="" type="checkbox"/>	Travel Food Services Private Limited - TFSKPL	
<input checked="" type="checkbox"/>	TRAVEL FOOD SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	Travel Food Services Private Limited - TFS Highway	
<input checked="" 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 checked="" 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	
<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 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 checked="" 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

Buyer

Is All Block

Is Payment Block

Additional Information

Legal Entity	<input checked="" type="checkbox"/> Proprietor Individual
Permanent Account Number (PAN)	CKUPB6587M
GST Number (GSTN)	27CKUPB6587M1Z6
MSME (UDYAM REGISTRATION NUMBER)	UDYAM-MH-18-0354197
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

KAIUM _____

Signature of Supplier

INTERCARE ENTERPRISE NX

Stamp

16/11/2024

Date

For Internal use

Request Department

Name Pushpak Mahesh Shewale _____

Pushpak Mahesh Shewale

Signature

16/11/2024

Date

Approving Manager

Name _____

Signature

Date