

Supplier Master Form

General information about the Supplier

Supplier Type		Department Responsible	
Name of Supplier	BALAJI FOODS	Name of Contact Person	RAMESH
Supplier Address	3129, JAYALAKSHMI NAGAR, MOULIVAKKAM, PORUR	Corporate Identification Number (CIN)
Country	India	State	Tamil Nadu
City	CHENNAI	Postal Code	600116
Currency	Indian Rupee	Landline Number	9952001921
Email Address	sales@balajifoods.com		
Email - Business/ Op's Team	info@balajifoods.com	Name	RAMESH. M
		Mobile Number	9952001921
Email - Accounts Departmen	balajifoodsmeister@gmail.com	Name	SUGANYA
		Mobile Number	8680009308
Email - CFO		Name	
		Mobile Number	
Email - CEO Or Director	jramamurthy@balajifoods.com	Name	RAMAMURTHY J
		Mobile Number	9382501917

Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
BALAJI FOODS	HDFC BANK	59208754471915	HDFC0000390	000390	HDFCINBBCHE

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)
AAJFB1574F	33AAJFB1574F1ZQ	UDYAM-TN-08-0019084		33581388279	12421008001498	TBTAM2369092000 & TBTAM2

Additional Place Of Business

CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT
RAKESH. S	9382501917	info@balajifoods.com	No.1/21, Golden industrial estate, Jawaharlal Nehru Street Off, Periapanicherry.	India	Tamil Nadu	CHENNAI	33AAJFB1574F1Z Q	BalajiFoodsGSTCertificateNew.pdf

Type of Business with K-Corp proposed to be provided by the Supplier

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	3202	IMPORTED / INDIAN GROCERY, BAKERY PRODUCT

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 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 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	
<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 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)	AAJFB1574F
GST Number (GSTN)	33AAJFB1574F1ZQ
MSME (UDYAM REGISTRATION NUMBER)	UDYAM-TN-08-0019084
Lower TDS Certificates u/s. 197	
VAT TIN Number	33581388279
FSSAI Number	12421008001498
PF & ESIC registration Number	TBTAM2369092000 & TBTAM2369092000

"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

RAMESH _____

Signature of Supplier

BALAJI FOODS _____

Stamp

19/11/2024 _____

Date

For Internal use

Request Department

Name Sunil Ojha _____

Sunil Ojha _____

Signature

21/11/2024 _____

Date

Approving Manager

Name _____

Signature

Date