Supplier Master Form

General information about the Supplier

Supplier Type				Department Responsible				
Name of Supplier	S R ENTRERPRISES			Name of Contact Person	RIYAZ SHAIKH			
Supplier Address	A-3132 AGASTHA GARDEN ENCLAVE, PHIROJSHA NAGAR, VIKHROLI (E).			Corporate Identification Number (CIN)	NA			
Country	India			State	Maharashtra			
City	MUMBAI				Postal Code	400079		
Currency	Indian Rupee				Landline Number	9820188311		
Email Address	riyaz	@srepmc.com						
Email - Business/ Op's Tea	m	riyaz@srepmc.com	Name	Riyaz Sha	ikh	Mobile Nun	nber	9820188311
Email - Accounts Departme	en	riyaz@srepmc.com	Name	Riyaz Sha	ikh	Mobile Nun	nber	9820188311
Email - CFO			Name			Mobile Nun	nber	
Email - CEO Or Director			Name			Mobile Nun	nber	

Bank Details						
Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code	
S R Enterprises	HDFC	05422000004038	HDFC0000542	542	HDFCINBB	

Statutory Details								
	GST NUMBER (GSTN)	MSME (UDYAM REGISTRATION NUMBER)		-	(IF APPLICABLE)	PF & ESIC REGISTRATION NUMBER (IF APPLICABLE)		
ANPPS0969L	27ANPPS0969L1Z2	UDYAM - MH - 18-0354106						

Additional Place Of Business								
CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT

	Type of Business with K-Corp proposed to be provided by the Supplier				
Sr. No	HSN/SAC Code	Description of Goods/ Services			
1	998339	Project Management Consultancy			

Legal Entity									
O Public Ltd Cor	ompany (Pvt Ltd Company	O Partnership Firm	Prop	orietor Individual () Trust	O LLP	O HUF	О аор
Agreed Payment Terms (In Days)									
O 30 Days	O 45 I	Days O 6	0 Days	90 Days	Other :	7 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				
	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			
	Copy of PAN card			
	Copy of GST Certificate			
	Copy of VAT Certificate			
	Lower TDS Certificates u/s. 197			
	Valid MSME - Udyam Certificate			
	Valid FSSAI Certificate			
	Copy of PF/ESIC registration Certificate			
	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				
Source Of Information	Supplier	Is All Block		
		Is Payment Block		

Additional Information				
Legal Entity	Proprietor Individual			
Permanent Account Number (PAN)	ANPPS0969L			
GST Number (GSTN)	27ANPPS0969L1Z2			
MSME (UDYAM REGISTRATION NUMBER)	UDYAM - MH - 18-0354106			
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							
RIYAZ SHAIKH	S R ENTRERPRISES	26/11/2024					
Signature of Supplier	Stamp	Date					
For Internal use							
Request Department							
	Binu Balachandran	26/11/2024					
Name Binu Balachandran	Signature	Date					
Approving Manager							
Name	Signature	Date					