

## Supplier Master Form

### General information about the Supplier

<b>Supplier Type</b>		<b>Department Responsible</b>	
<b>Name of Supplier</b>	INTERCARE ENTERPRISE NX	<b>Name of Contact Person</b>	SK MAHAMMAD KAIUM
<b>Supplier Address</b>	OMKAR MERIDIA, 6TH FLOOR, B WING, ROOM NO - 607, PRABHAKAR KELUSKAR MARG, KURLA ( W ) , MUMBAI - 400070	<b>Corporate Identification Number (CIN)</b>	MUMR52113F
<b>Country</b>	India	<b>State</b>	Maharashtra
<b>City</b>	MUMBAI	<b>Postal Code</b>	400070
<b>Currency</b>	Indian Rupee	<b>Landline Number</b>	
<b>Email Address</b>	kaium@intercareenterprisenx.in		
<b>Email - Business/ Op's Team</b>	kaium@intercareenterprisenx.in	<b>Name</b>	Sk Mahammad Kaium
		<b>Mobile Number</b>	9930702814
<b>Email - Accounts Departmen</b>	kaium@intercareenterprisenx.in	<b>Name</b>	Sk Mahammad Kaium
		<b>Mobile Number</b>	9930702814
<b>Email - CFO</b>		<b>Name</b>	
		<b>Mobile Number</b>	
<b>Email - CEO Or Director</b>		<b>Name</b>	
		<b>Mobile Number</b>	

### Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
INTERCARE ENTERPRISE NX	HDFC Bank	50200097000661	HDFC0000543	HDFC0000543	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
Sk Mahammad Kaium	9930702814	kaiumsk92@gmail.com	8B, Ekbalpure Lane, Kolkata - 700023	India	West Bengal	Kolkata		GST-KOLKATA.pdf

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

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	9954	Civil work, Carpentry work, POP & Painting work, Plumbing 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 LIMITED - BLR	
<input type="checkbox"/>	MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED	
<input type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED - TFSCPL	
<input type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED - TFSKPL	
<input type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED	
<input type="checkbox"/>	TRAVEL FOOD SERVICES 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 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 checked="" 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

Supplier

Is All Block

Is Payment Block

## Additional Information

<b>Legal Entity</b>	<input checked="" type="checkbox"/> Proprietor Individual
<b>Permanent Account Number (PAN)</b>	CKUPB6587M
<b>GST Number (GSTN)</b>	27CKUPB6587M1Z6
<b>MSME (UDYAM REGISTRATION NUMBER)</b>	UDYAM-MH-18-0354197
<b>Lower TDS Certificates u/s. 197</b>	
<b>VAT TIN Number</b>	
<b>FSSAI Number</b>	
<b>PF &amp; ESIC registration Number</b>	

**"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**

SK MAHAMMAD KAIUM

**Signature of Supplier**

INTERCARE ENTERPRISE NX

**Stamp**

30/11/2024

**Date**

**For Internal use**

**Request Department**

**Name** Abdul Rehman

Abdul Rehman

**Signature**

03/12/2024

**Date**

**Approving Manager**

**Name** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**