## **Supplier Master Form**

## General information about the Supplier

Supplier Type Department Responsible

Name of Supplier SPS ENTERPRISES Name of Contact Person NAVEEN

Supplier Address D84 PHASE 7 INDUSTRIAL AREA ,MOHALI, Corporate Identification UDYAM-PB-20-0020635

Number (CIN)

CountryIndiaStatePunjab

City MOHALI Postal Code 160055

CurrencyIndian RupeeLandline Number7973561070

Email Address SPSCBMOHALI@GMAIL.COM

Email - Business/ Op's Team spscbmohali@gmail.com Name NAVEEN SAINI Mobile Number 7973561070

Email - Accounts Departmen spscbmohali@gmail.com Name PARVEEN Mobile Number 8360062778

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
SPS ENTERPRISES	JAMMU AND KASHMIR BANK	0531020100000052	JAKA0PANCHK	0531	JAKAINBBMOH0370

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)
ABVPD8138L	03ABVPD8138L1Z9	UDYAM-PB-20-0020635				

	Additional Place Of Business								
CONT NA		CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT
			Type of Bu	siness with K-Cor	p proposed	to be provided	by the Suppli	er	
Sr. No	HSN/S	SAC Code	Description of Good	ds/ Services					
1	091012	290	RED CHILLI POWER						
	•		•						
					Legal Entity	<i>!</i>			
O Publi	O Public Ltd Company O Pvt Ltd Company O Partnership Firm  Proprietor Individual Trust O LLP O HUF O AOP								
	Agreed Payment Terms (In Days)								
<b>●</b> 30 Da	● 30 Days								
Category And Sub Category Data									
Sr. No	Categor	ry		Sub Category					
1		<u>-</u>							

Registration to be done for entity						
SELECT	ENTITY NAME	ENTITY WISE SUPPLIRE CODE				
	TRAVEL FOOD SERVICES LIMITED - BLR					
	MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED					
	TRAVEL FOOD SERVICES LIMITED - TFSCPL					
	TRAVEL FOOD SERVICES LIMITED - TFSKPL					
	TRAVEL FOOD SERVICES LIMITED					
<b>✓</b>	TRAVEL FOOD SERVICES 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					
<b>✓</b>	Copy of PAN card	Copy of PAN card				
$\checkmark$	Copy of GST Certi	ificate				
	Copy of VAT Certif	ficate				
	Lower TDS Certific	cates u/s. 197				
<b>✓</b>	Valid MSME - Udy	/am Certificate				
<b>✓</b>	Valid FSSAI Certif	icate				
	Copy of PF/ESIC	registration Certificate				
<b>✓</b>	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)		ABVPD8138L				
GST Number (GSTN)		03ABVPD8138L1Z9				
MSME (UDYAM REGISTRATION NUMBER)		UDYAM-PB-20-0020635				
Lower TDS Certificates u/s. 197						
VAT TIN Number						
FSSAI Number						
PF & ESIC registration Numb	per					

## "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						
NAVEEN	SPS ENTERPRISES	02/12/2024				
Signature of Supplier	Stamp	Date				
For Internal use						
Request Department						
	Virender Kumar	26/12/2024				
Name Virender Kumar	Signature	Date				
Approving Manager						
Name	Signature	Date				