

Supplier Master Form

General information about the Supplier

Supplier Type		Department Responsible	
Name of Supplier	DR. OETKER INDIA PVT. LTD	Name of Contact Person	DIANA
Supplier Address	PLOT NO : SP - 3 & SP - 4, INDUSTRIAL AREA KAHARANI, BHIWADI (EXT.) BLOCK -TIJARA - DISTRICT- ALWAR- RAJASTHAN -	Corporate Identification Number (CIN)	U15400DL2007FTC254608
Country	India	State	Rajasthan
City	BHIWADI	Postal Code	301019
Currency	Indian Rupee	Landline Number	8799721377
Email Address	Diana.Abhilash@oetker.com		
Email - Business/ Op's Team	Diana.Abhilash@oetker.com	Name	Diana Abhilash
		Mobile Number	8799721377
Email - Accounts Departmen	Diana.Abhilash@oetker.com	Name	Diana Abhilash
		Mobile Number	8799721377
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
Dr. Oetker India Pvt Ltd	HSBC Bank	166-381574-001	HSBC0110002	Barakhamba Road	HSBCINBB

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)
AACCD7173L	08AACCD7173L1ZA	NO			10016013001106	

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	210390	Mayonnaise & Sauces

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 checked="" type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED - BLR	
<input checked="" type="checkbox"/>	MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED	
<input checked="" type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED - TFSCPL	
<input checked="" type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED - TFSKPL	
<input checked="" type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED	
<input checked="" type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED - TFS HIGHWAY	
<input checked="" type="checkbox"/>	Semolina Kitchens Private Limited	
<input checked="" type="checkbox"/>	TRAVEL RETAIL SERVICES PRIVATE LIMITED	
<input checked="" type="checkbox"/>	THE IRISH HOUSE FOOD AND BEVERAGE PVT LTD	
<input checked="" type="checkbox"/>	Deluxe Caterers Pvt. Ltd.	
<input checked="" type="checkbox"/>	KAPCO BANQUETS AND CATERING PVT LTD	
<input checked="" type="checkbox"/>	Travel Food Services (Terminal-3) Pvt. Ltd.	
<input checked="" type="checkbox"/>	GMR HOSPITALITY LIMITED	
<input 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 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 checked="" 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"/> Pvt Ltd Company
Permanent Account Number (PAN)	AACCD7173L
GST Number (GSTN)	08AACCD7173L1ZA
MSME (UDYAM REGISTRATION NUMBER)	NO
Lower TDS Certificates u/s. 197	
VAT TIN Number	
FSSAI Number	10016013001106
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

DIANA _____

Signature of Supplier

DR. OETKER INDIA PVT. LTD _____

Stamp

17/12/2024 _____

Date

For Internal use

Request Department

Name Cleyton Dcosta _____

Cleyton Dcosta _____

Signature

17/12/2024 _____

Date

Approving Manager

Name _____

Signature

Date