

Supplier Master Form

General information about the Supplier

Supplier Type		Department Responsible	
Name of Supplier	ROOTS CORPORATION LIMITED	Name of Contact Person	MR PAVITHRA. S
Supplier Address	OPP. MARUTHI INFOTECH, GINGER HOTEL, NEXT TO MOTHER EARTH, AMARAJYOTHI LAYOUT, INNER RING ROAD, KORAMANGALA, BENGALURU, BENGALURU URBAN, KARNATAKA, INDIA	Corporate Identification Number (CIN)	U55100MH2003PLC143639
Country	INDIA	State	Karnataka
City	BANGALORE BENGALURU - 560071	Postal Code	560022
Currency	Indian Rupee IND	Landline Number	9686377375
Email Address	materials.qsr@ihcltata.com		
Email - Business/ Op's Team	m.ashish@ihcltata.com	Name	Ashish Mishra
		Mobile Number	9096126368
Email - Accounts Departmen	aravinth.raja@Tajhotels.com	Name	Aravinth
		Mobile Number	8428300260
Email - CFO	guha.ambalika@tajhotels.com	Name	Ambalika Guha
		Mobile Number	919158375788
Email - CEO Or Director	gazal.chowdhri@ihcltata.com	Name	Gazal Chowdhri
		Mobile Number	9819636191

Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
ROOTS CORPORATION LIMITED	HDFC Bank Ltd	00600310023952	HDFC0000060	Fort Mumbai	400240015

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)
AACCR6389J	29AACCR6389J1ZO	NA	NA	NA	NA	NA

Additional Place Of Business

CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT
Pavithra	09686377375	materials.qsr@ihcltata.com	Taj yeswantpur	India	Karnataka	Bangalore	29AACCR6389J1ZO	KARNATAKA.pdf

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

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	9983	Hospitality

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 : 15 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
<input type="checkbox"/>	TRAVEL FOOD SERVICES LIMITED - BLR	
<input type="checkbox"/>	MUMBAI AIRPORT LOUNGE SERVICES PRIVATE LIMITED	
<input checked="" 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 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 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 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)	AACCR6389J
GST Number (GSTN)	29AACCR6389J1ZO
MSME (UDYAM REGISTRATION NUMBER)	NA
Lower TDS Certificates u/s. 197	NA
VAT TIN Number	NA
FSSAI Number	NA
PF & ESIC registration Number	NA

"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

MR PAVITHRA. S

Signature of Supplier

ROOTS CORPORATION LIMITED

Stamp

18/12/2024

Date

For Internal use

Request Department

Name VIJAYAKUMAR

VIJAYAKUMAR

Signature

20/12/2024

Date

Approving Manager

Name

Signature

Date