

Supplier Master Form

General information about the Supplier

Supplier Type		Department Responsible	
Name of Supplier	SEQURE INDIA PEST CONTROL PVT LTD	Name of Contact Person	DR. M BASKAR
Supplier Address	2ND FLOOR , NO AS-4 , BUILDING A, L & L CORREIAS PRIDE, NEAR MATHANY SALDANHA ADMINISTRATIVE COMPLEX, MARGAON SOUTH GOA, GOA,403601	Corporate Identification Number (CIN)	U93000KA2011PTC058117
Country	India	State	Goa
City	MARGAON SOUTH GOA	Postal Code	403601
Currency	Indian Rupee	Landline Number	8050000023
Email Address	nirala.suryakant@sipc.in		
Email - Business/ Op's Team	nirala.suryakant@sipc.in	Name	Niralasuryakant Mishra
		Mobile Number	8867682108
Email - Accounts Departmen	magdalen.j@southindiagroup.com	Name	Magdalen
	m	Mobile Number	95381 24246
Email - CFO	dr.aruna@southindiagroup.com	Name	Dr. Aruna
		Mobile Number	88676 82091
Email - CEO Or Director	dr.baskar@southindiagroup.com	Name	Dr. M Baskar
		Mobile Number	9986630046

Bank Details

Beneficiary Name	Bank Name	Bank Account No.	IFSC Code	Bank Branch Code	Swift Code
Sequire India Pest Control Pvt Ltd	HDFC	01842560005255	HDFC0000184	00184	00184

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)
AAPCS56613	30AAPCS6613M1Z2	UDYAM-KR-03-0271878				

Additional Place Of Business

CONTACT NAME	CONTACT NO	EMAIL	OFFICE ADDRESS	COUNTRY	STATE	CITY	GST NO	GST CERTIFICATE ATTACHMENT
Ms. Sharon Priyanka	7507093123	sharon_priyanka@sip c.in	2ND FLOOR , NO AS-4 , BUILDING A, L & L CORREIAS PRIDE, NEAR MATHANY SALDANHA ADMINISTRATIVE COMPLEX, MARGAON SOUTH GOA, GOA,403601	India	Goa	Margaon	30AAPC56613M2	GOAGST.pdf

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

Sr. No	HSN/SAC Code	Description of Goods/ Services
1	998531	Pest Control

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 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 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 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 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)	AAPCS56613
GST Number (GSTN)	30AAPCS6613M1Z2
MSME (UDYAM REGISTRATION NUMBER)	UDYAM-KR-03-0271878
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

DR. M BASKAR

Signature of Supplier

SEQUIRE INDIA PEST CONTROL PVT LTD

Stamp

21/12/2024

Date

For Internal use

Request Department

Name Cleyton Dcosta

Cleyton Dcosta

Signature

24/12/2024

Date

Approving Manager

Name

Signature

Date