**VENDOR REGISTRATION FORM**

**Company Logo**

**Company Name**
Address
Phone
email

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| --- | --- | --- |
| OFFICE USE ONLY | **VENDOR ID** | **DATE** |
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| TRADE CATEGORY |
| Define the type of work your company performs. If you are a vendor, please describe what you supply. |
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| COMPANY/FIRM/SHOP/VENDORS NAME |
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| CONTACT INFORMATION |
| **MAILING ADDRESS** |
|  |
| **PHONE NUMBER** | **EMAIL** |
|  |  |
| **WEBSITE** |
|  |
| **POINT OF CONTACT NAME** | **TITLE** |
|  |  |
| **CONTACT PHONE NUMBER** | **CONTACT EMAIL** |
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| SCOPE OF WORK |
| Please provide additional details regarding the offerings of your Company/Firm/Shop/organization. |
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| COMPANY/FIRM/SHOP/VENDORS OVERVIEW |
| **NUMBER OF YEARS** **IN BUSINESS** |  | **LEGAL STRUCTURE** |  |
| **CLASSIFICATION / CERTIFICATION** |  |
| **GST NUMBER** |  | **PAN NUMBER** |  |

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| BANKING INFORMATION /AUTHORIZATION FOR DIRECT DEPOSIT OF PAYMENTS |
| **NAME OF BANK** |  |
| **BENEFICIARY NAME** |  | **ADDRESS** |  |
| **BANK ACCOUNT NUMBER** |  | **IFSC NUMBER** |  |

I hereby authorize:

1) My/Our payment may be deposited in the bank account of the Company/Firm through Electronic Fund Transfer or made cheques in favor of the Company/Firm.

2) If the exercise of this authorization results in overpayment to the supplier (for whatever reason) than is actually due, I hereby authorize the payee to withhold the overpayment from the next disbursement an amount equal to the overpayment.

CERTIFICATION

I hereby confirm that all the information provided is true and accurate to the best of my knowledge and belief. Any change in status affecting the information provided must be reported within ten (10) days of said change

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| --- | --- |
| **NAME** | **TITLE** |
|  |  |
| **SIGNATURE** | **DATE** |
|  |  |