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Survey No. 788 & 793, Opp. Torrent Laboratories, Kalol-Mehsana Highway,  
Village: Indrad : 383 341, Tal.: Kadi, Dist. Mehsana, Gujarat (India).  
Phone: +91 9726428756 / 57 / 58 / 59 E-mail: corphq@hs.co.in



## VENDOR REGISTRATION FORM

### Instructions :

Please type in the information OR use capital letters to fill ALL required data in this form.  
You may also download and print this form by visiting [www.afgcombustion.com](http://www.afgcombustion.com)

<i>General Information</i>	
Name of Vendor	
Category :	Manufacturer                      Authorised Dealer                      Trader
	Contractor / Fabricator / Service provider (circle one)                      Transporter
Status of Organization :	Proprietorship                      Partnership                      Private Limited
	Public Limited                      Others (please specify) :
	Date of formation :                      Registered :                      Yes                      No
Head of the Organization :	
Designation :	
Contact Person(s) :	
Head Office / Registered Office Address :	Line 1
	Line 2
	City & State :                      Zip:
Phone (with area code) :	Mobile :
Fax :	Alternate Fax :
e-mail address :	

<i>Registration Information</i>	
Goods and Services Tax No:	
Income tax / PAN Number :	
Contractors / Fabricators :	Owner's TDS No.:

<b>Vendor Information</b>	
<b>Product(s) / Service(s) Offered</b> (You may attach separate sheets or catalogues) :	1 _____
	2 _____
	3 _____
	4 _____
<b>Factory Address :</b>	Line 1 _____
	Line 2 _____
	City & State : _____ Zip: _____
<b>Warehouse / Shop Address :</b>	Line 1 _____
	Line 2 _____
	City & State : _____ Zip: _____
<b>Approvals / Certification EIL / ISO etc.</b> (Provide details on separate sheet)	_____
	_____
<b>Your Major customers</b> (attach a sperate sheet if required)	_____
	_____

<b>Financial / Payment Information</b>			
<b>Annual Turnover</b> (last 3 years - in lacs)	FYE _____	FYE _____	FYE _____
<b>Cheques to be issued in the name of :</b>	_____		
<b>Does the above name match the GST Registration number given on Page 1?</b>	<b>Yes</b>	<b>No</b>	
<b>If No, provide details of GST Registration for above name :</b>	_____		
<b>Name of your Bank :</b>	_____		
<b>Account Number :</b>	<b>Account Type :</b>	<b>IFSC Code :</b>	
<b>Bank's address :</b>	Line 1 _____		
	Line 2 _____		
	City & State : _____	Zip: _____	

**Manufacturing facility (For manufacturers, contractors and fabricators only)**

<b>Machinery - Provide list of working machines with make &amp; capacity : (Attach separate sheet if required)</b>	

<b>Instruments (list all measuring / testing instruments, with calibration record)</b>	

<b>Manpower available (name &amp; designation of technical staff)</b>	<b>Designation</b>	<b>Name</b>

<b>This form was filled by :</b>	Name :	Vendor's Rubber Stamp
	Date :	
	Designation :	

**For AFIL Office Use only**

<b>Approved :</b>	<b>Yes</b>	<b>No</b>
	<b>Vendor ID Code No. :</b>	<input style="width: 100%;" type="text"/>
<b>Verified by :</b>		
	Name	Sign
<b>Authorised by :</b>		
		Date