

Vendor Registration Form

Complete all sections of the form, sign the declaration and send the completed form and attachments as scanned copies to vendor@keltroncomp.org

All columns in this form may be filled up. If applicant has no information to give on a particular column, "Nil" may be mentioned. In case of columns not relevant in your case, "Not Applicable" may be mentioned. No column should be left blank. Additional sheets may be used if required. Copy of relevant documents can also be included.

Registration Category:

- Original Equipment Manufacturer (OEM)
- Stockist/ Distributor
- Small Scale Industry
- Public Sector Unit
- Govt. Dept.
- Consortium / State/ Govt. Agencies
- Overseas
- Others (Please mention)

Item(s) For Which Enrolment is Sought:

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Name of the Individual/Firm/Company:

Registration Number: Registering Authority:

GST Number: PAN Number:

Registered Address Office:

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Address of Factory:

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Contact Person Name and Designation:

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Address for Correspondence:.....
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Tel. No:..... Fax No:..... Mobile No:.....
Email Address:.....

Brief Profile of Your Company:
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Experience/Expertise in supplying similar Products/Services to Companies similar to KCCL
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IMPORTANT NOTE - Financial Assessment:

Before the assessment of this application can be completed, a representative from KCCL may contact you concerning the financial and technical information that you provide. Your co-operation is required to assist in the assessment process. Failure to co-operate may affect registration.

The assessment report is specifically for use by KCCL for the purpose of assessing Vendors for Registration, and will be treated as strictly Confidential.

DECLARATION:

I/We declare and confirm that all information and attachments submitted in this application are true and correct. I/We are aware that any false information provided herein will result in the rejection of my/our application and cancellation of any registration granted.

Place:

Date:

Signature:

Name:

Designation:

Official Seal of the Company