

TLT ENGINEERING INDIA Pvt. Ltd.**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 this form by visiting our website at www.tltindia.com

<i>General Information</i>	
Name of Vendor	
Category :	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Authorised Dealer <input type="checkbox"/> Trader <input type="checkbox"/> Contractor / Fabricator / Service provider (circle one) <input type="checkbox"/> Transporter
Status of Organization :	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Others (please specify) :
	Date of formation : _____ Registered : <input type="checkbox"/> Yes <input type="checkbox"/> 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>	
CST Regn. No.:	
State Sales Tax / Comm'l Tax or VAT No.:	
Central Excise Reg. No.:	
Excise Control Code :	Range : _____ Div'n: _____
Service Tax Regn. No:	
Works Contract Tax Regn. No.	
Income tax / PAN Number :	
Contractors / Fabricators :	Owner's TDS No.:

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

Financial / Payment Information						
Annual Turnover (last 3 years - in lacs)	Mar 31 2003	_____	Mar 31 2004	_____	Mar 31 2005	_____
Cheques to be issued in the name of :	_____					
Does above name match CST / Excise Registration name given on page 1 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If No, provide details of CST, State Sales Tax & Excise Reg'n for above name :	_____ _____					
Name of your Bank :	_____					
Account Number :	_____					
I F S C Code :	_____					
Bank's address :	Line 1	_____				
	Line 2	_____				
	City & State :	_____	Zip:	_____		

Manufacturing facility (For manufacturers, contractors and fabricators only)

Machinery - Provide list of working machines with make & capacity : (Attach separate sheet if required)		
Instruments (list all measuring / testing instruments, with calibration record)		
Manpower available (name & designation of technical staff)	Designation	Name

This form was filled by :	Name :	Vendor's Rubber Stamp
	Date :	
	Designation :	

For TLT Office Use only

Approved :	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Vendor ID Code No. :	
Verified by :		
	Name	Sign
Authorised by :		
		Date