

# **MATIX FERTILISERS AND CHEMICALS LIMITED**

REGD. OFFICE & PLANT: PANAGARH INSUDTRIAL PARK, PANAGARH

DISTRICT: BARDHAMAN, WEST BEGAL- 7132148

## **VENDOR REGISTRATION FORM**

### **1. Basic Information**

Name of the Company	
Product / Service Category ( As mentioned in EOI)	
Date of Incorporation	
Email ID	
Telephone Number	
Contact Person	
Designation	
Mobile Number	
Fax Number	
<b><u>Address Details</u></b>	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
Pin code	

### **2. Details of Organisation**

Status of Vendor Pub. Ltd / Pvt. Ltd. / Partnership / Proprietorship / Others ( pl. specify) -	
Name of Promoter / Director / CEO	
Contact Details	
National Registration Number	
MSMED Act Registration No. ( if applicable)	

**TOTAL NO. OF EMPLOYEES:** \_\_\_\_\_

**(ENCLOSE ORGANIZATION CHART, IF ANY)**

<b>Sl.</b>	<b>DEPARTMENT / SECTION / AREA OF WORK</b>	<b>NO. OF PERSONS</b>


FUTURE EXPANSION PLAN:

**3. Tax Details**

ECC Number	
ECC Reg. Number	
Excise Range	
Excise Division	
Excise Commissionerate	
LST Number	
CST Number	
PAN Number	
TIN Number	
Service Tax Registration No.	
Withholding Tax Details	
ESI NO. (AS APPLICABLE)	
PF NO.(AS APPLICABLE)	

PLEASE ATTACH  
DOCUMENTS IN  
SUPPORT OF  
THE  
INFORMATION  
GIVEN

**4. Product Category**

Goods Supply Vendor within West Bengal	<input type="checkbox"/>
Goods Supply Vendor outside West Bengal	<input type="checkbox"/>
Service Vendor within West Bengal	<input type="checkbox"/>
Service Vendor outside West Bengal	<input type="checkbox"/>

**5. Supplier / Service Provider Category**

Manufacturer ( Please enclose a list of equipment , machineries)	<input type="checkbox"/>
Authorised Dealer / Distributor	<input type="checkbox"/>
Trader	<input type="checkbox"/>
Original Equipment Manufacturer	<input type="checkbox"/>
Fabricator	<input type="checkbox"/>
Man power supply	<input type="checkbox"/>

Engineering	<input type="checkbox"/>
Consultancy	<input type="checkbox"/>
Others (please specify)	<input type="checkbox"/>

**6. Please Mention major products / services dealt in**

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**7. Company Turnover for last 3 years**

	<u>Last Year</u>	<u>Year 2</u>	<u>Year 3</u>
Turn over			
Net Income			
Debts & Payables			

**\*Please provide copies of 3 years financial statements**

**8. References**

List of Major Customers (attach separate list, if required)


**9. Customer Support Details**

Do you have distribution centres / service centres	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , Please provide the complete address & Contact Details	
Do You provide after sales service support	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , Please provide the complete address & Contact Details of the nearest location to our plant	

Do You have service Centres with availability of Spare Parts	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , Please provide the complete address & Contact Details of the nearest location to our plant	

### 10. BANK DETAILS

Is online payment acceptable to you	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please provide your Banker's Name	
Bank Account Number	
Branch and address of the Bank	
IFSC code	
Please submit a cancelled cheque of the bank for which the details are given above	Cancelled Cheque No. -

### 11. Quality & Safety System Requirement

Do you have ISO certification	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES please specify the certifying agency	
Certificate No. and Expiry Date	
Please specify the manpower detail in your quality assurance department Can attach a separate sheet , if required	
Please mention the testing facilities available with you.	
Are you supplying any hazardous chemical	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, whether the persons involved in transportation are made aware of MSDS of Hazardous chemical.	
Do you have the requisite permissions and licence etc. deemed as Statutory Requirement for storage , handling and transportation of such chemical	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please Mention the list of statutory documents required for such chemicals and possessed by you.  (Please provide a copy of all statutory documents)	
Do you have ISO 18000 certification for Occupation	

Health & Safety	
If YES please specify the certifying agency	
Certificate No. and Expiry Date	

## 12. Statutory Compliances

Are you complying with following statutory compliances		
a. Minimum Wage Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Child Labour Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Factory Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Contract Labour Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. ESI-PF Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. SA 8000 Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Health and Safety At Work Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Registered under Pollution Control Board Clearance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide a copy of the relevant document		

## 13. E- Business Readiness

Do you have company website	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have online catalogue and Price List	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you participate in E-tender & E-auction	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you following SAP system	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you following any ERP system other than SAP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you open to online Bidding / Reverse Auction	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## 14. Environmental Aspects & Green Supply Chain Management

DO you have Environmental Clearance of the Products or services offered ( Please provide a copy of the relevant document)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you ISO 14000 Certified Company	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES please specify the certifying agency		
Certificate No. and Expiry Date		
Are air emissions generated from the process at your plant / factory	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, Please specify the major air pollutant generated		
Air Pollution Control Equipment used by you		
Are you following E-waste storage and disposal policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**15. Other Information ( Please furnish any other information you feel necessary related to your product / service:**

Goodwill with other companies(Please provide reference Person name with Designation & Contact Number)	
Any Legal/Criminal Case	
Any Dispute with other companies	
Experience in Transportation (No. of Years)	
Contracts with the Companies for Transportation (Please attach copies of contracts)	
Average Quantity Transported during last 3 years	
Annual Turnover (in lacs)	
Value of Asset (in Lakhs)	
CC Limit (in Lakhs). Please also provide Bank name	
Own Fund Investment in Transportation Business (Rs. In Lakh)	
Number of Trucks – own	
Any other Business in this firm or sister concern, if yes, please provide nature of Business, Firm name and annual Turnover	
<b>Any other information:</b>	

**16. List of Documents Attached**

Excise Registration Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LST Number	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CST Number	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PAN Number	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TIN Number	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Service Tax Registration No.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Withholding Tax Details	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ESI NO. (AS APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PF NO.(AS APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Registration Copy of the Company	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Copy of Cancelled Cheque	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MSMED Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ISO Certificates		
ISO – 9000	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ISO – 14000	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ISO – 18000	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dealership Certificates	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Organisation Chart	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Annual Report / Balance Sheet of 3 years	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Environmental Clearance Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pollution Control Board Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Statutory Compliance Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO
List if Major Customers	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**17. Declaration**

I / We declare that the information furnished above is correct to best of my / our knowledge and I / We undertake to inform you at the earliest of any change in detail mentioned above.

Name of the Person

Designation

Signature

Company Seal