**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 |  |
| **Address Details** |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| City |  |
| State |  |
| Pin code |  |

1. **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)**

|  |  |  |
| --- | --- | --- |
| **Sl.** | **Department / Section / Area of Work** | **No. of Persons** |
|  |  |  |
|  |  |  |
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|  |  |  |

Future Expansion PLAN:

1. **Tax Details**

PLEASE ATTACH DOCUMENTS IN SUPPORT OF THE INFORMATION GIVEN

|  |  |
| --- | --- |
| 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) |  |

1. **Product Category**

|  |  |
| --- | --- |
| Goods Supply Vendor within West Bengal |  |
| Goods Supply Vendor outside West Bengal |  |
| Service Vendor within West Bengal |  |
| Service Vendor outside West Bengal |  |

1. **Supplier / Service Provider Category**

|  |  |
| --- | --- |
| Manufacturer ( Please enclose a list of equipment , machineries) |  |
| Authorised Dealer / Distributor |  |
| Trader |  |
| Original Equipment Manufacturer |  |
| Fabricator |  |
| Man power supply |  |
| Engineering |  |
| Consultancy |  |
| Others (please specify) |  |

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

|  |
| --- |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Last Year** | **Year 2** | **Year 3** |
| Turn over |  |  |  |
| Net Income |  |  |  |
| Debts & Payables |  |  |  |

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

1. **References**

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Customer Support Details**

|  |  |
| --- | --- |
| Do you have distribution centres / service centres | * YES □ NO |
| If YES , Please provide the complete address & Contact Details |  |
| Do You provide after sales service support | □ YES □ 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 | □ YES □ NO |
| If YES , Please provide the complete address & Contact Details of the nearest location to our plant |  |

1. **BANK DETAILS**

|  |  |
| --- | --- |
| Is online payment acceptable to you | * YES □ 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. - |

1. **Quality & Safety System Requirement**

|  |  |
| --- | --- |
| Do you have ISO certification | □ YES □ 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 | □ YES □ 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 | □ YES □ 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 |  |

1. **Statutory Compliances**

|  |  |
| --- | --- |
| Are you complying with following statutory compliances | |
| 1. Minimum Wage Act | □ YES □ NO |
| 1. Child Labour Act | □ YES □ NO |
| 1. Factory Act | □ YES □ NO |
| 1. Contract Labour Act | □ YES □ NO |
| 1. ESI-PF Act | □ YES □ NO |
| 1. SA 8000 Act | □ YES □ NO |
| 1. Health and Safety At Work Act | □ YES □ NO |
| 1. Registered under Pollution Control Board Clearance   Please provide a copy of the relevant document | □ YES □ NO |

1. **E- Business Readiness**

|  |  |
| --- | --- |
| Do you have company website | □ YES □ NO |
| Do you have online catalogue and Price List | □ YES □ NO |
| Do you participate in E-tender & E-auction | □ YES □ NO |
| Are you following SAP system | □ YES □ NO |
| Are you following any ERP system other than SAP | □ YES □ NO |
| Are you open to online Bidding / Reverse Auction | □ YES □ NO |

1. **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) | □ YES □ NO |
| Are you ISO 14000 Certified Company | □ YES □ NO |
| If YES please specify the certifying agency |  |
| Certificate No. and Expiry Date |  |
| Are air emissions generated from the process at your plant / factory | □ YES □ 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 | □ YES □ NO |

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

|  |
| --- |
|  |

1. **List of Documents Attached**

|  |  |
| --- | --- |
| Excise Registration Documents | □ YES □ NO |
| LST Number | □ YES □ NO |
| CST Number | □ YES □ NO |
| PAN Number | □ YES □ NO |
| TIN Number | □ YES □ NO |
| Service Tax Registration No. | □ YES □ NO |
| Withholding Tax Details | □ YES □ NO |
| ESI NO. (AS APPLICABLE) | □ YES □ NO |
| PF NO.(AS APPLICABLE) | □ YES □ NO |
| Registration Copy of the Company | □ YES □ NO |
| Copy of Cancelled Cheque | □ YES □ NO |
| MSMED Certificate | □ YES □ NO |
| ISO Certificates  ISO – 9000  ISO – 14000  ISO – 18000 | □ YES □ NO  □ YES □ NO  □ YES □ NO |
| Dealership Certificates | □ YES □ NO |
| Organisation Chart | □ YES □ NO |
| Annual Report / Balance Sheet of 3 years | □ YES □ NO |
| Environmental Clearance Documents | □ YES □ NO |
| Pollution Control Board Documents | □ YES □ NO |
| Statutory Compliance Documents | □ YES □ NO |
| List if Major Customers | □ YES □ NO |

1. **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