



Vendor Registration Form

1. Name of the firm :
Corporate office Address :

Telephone no.
Office :
Residence :
Mobile :
Fax :
E-mail :

Branch Office address :
in state of Goa/Maharashtra

Telephone no.
Office :
Residence :
Mobile :
Fax :
E-mail :

2. a) Whether proprietary/partnership/
Pvt. Ltd. / Public Ltd.
(certificate Of registration /
partnership deed to be enclosed
as **Annexure- I**).

b) Name of the Proprietor, Partners, Directors, Key personnel

i)

ii)

iii)

c) Year of establishment :

3. Registration with Tax Authorities

i) Income Tax PAN no.:

ii) GST No. :

(Copies of certificates of registration with relevant authorities to be enclosed as
Annexure-II-A, II-B)

4. Authorised Dealer of (Name of Brand of AC)
(please enclose a self-attested copy of dealership/license from OEM/related authority)

5. Details of civil suit, if any, that arose during :
execution of contract in the past 3 years.

6. Name & relation, if any, with the staff :
member of Bank of Maharashtra.

7. If empanelled with any bank give details of empanelment supported with empanelment letter:

8. Turnover in last 3 years:

S. No.	Year	
1	2018-19	
2	2019-20	
3	2020-21	

Copy of ITR to be attached as **Annexure III-A, B & C**

DECLARATION

I / We have read the instructions appended to the Performa and I / We understand that if any false information is detected at a later date, any future contract made between ourselves and Bank of Maharashtra, on the basis of the information given by me / us can be treated as invalid by the Bank and I / We will be solely responsible for the consequences.

I / We agree that the decision of Bank of Maharashtra in selection of contractors/vendors will be final and binding to me / us.

All the information furnished by me hereunder is correct to the best of my knowledge and belief.

I / We agree that I / we have no objection if enquiries are made about the work listed by me / us in the accompanying sheets.

I / We agree that I / We have not applied in the name of sister concern for the subject empanelment process.

Place:

Date:

Signature

Name & Designation

Seal of Organisation