VENDOR REGISTRATION FORM

FORBIX SEMICON

Sl No.	Description		Remarks
1	Name of the company		
2	Registered Office address		
3	Factory / shipping address (if same as regd. Address mention so)		
4	Name of the Proprietor / Partners / Directors		
5	Type of the firm	(Tick whichever applicable) Sole Proprietorship Partnership Private Limited Public Limited Public Sector	
6	MoA / Deed / Shop or establishment registration	(attached Xerox copy)	
7	Year of establishment		
8	Whether registered under	SSI NSIC MSME (attached Xerox copy)	
9	Annual turnover (2017-18) (in Rs)		
10	GSTIN		
11	PAN		
12	Name of the banker		
13	Address of the banker		
14	IFSC		
15	Bank account number		

16	If applying for any tax exemption, give complete details (SEZ / handicap)	(attached Xerox copy)	

- **I/We certify that I/we will not get our self /myself registered as Vendor(s) in the undertaking under more than one name**
- **I/We hereby confirm that the above information is true to the best of my/our knowledge and belief**
- **I/We also undertake that, if at any stage the above information is found to be incorrect, the company has the right to cancel my/our registration, at any time, without notice, at its own discretion**

COMPANY REPRESENTATIVE / SIGNATURE

COMPANY SEAL

DATE:

PLACE: _____

For office purpose	
Vendor ID	
Products	
Approved by: Date:	
Checked for tax exemption:	
Remarks	