

VENDOR DETAILS FORM

1. Name of the Applicant: _____

2. a. Nationality _____

b. Status: For individuals : Resident Individual/Non Resident/ Foreign National
For Non Individual(please tick any one): Private Limited Co./Public Ltd. Co./
Partnership/Trust/ Government Body/BOI/Society/LLP/ Others (please specify)

4. a. PAN: _____ b. Registration No. (e.g. CIN): _____

5. PLACE OF BUSINESS: _____

6. a. GSTIN (if composite dealer, please specify): _____

b. Whether registered under MSMED Act(If yes ,Please mention Registration No.) _____

7. Business Address: _____

8. Contact details: Tel. Off. _____ Mobile No. _____

Email ID: _____

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Name & Signature of the Authorised Signatory

Date:

FOR OFFICE USE ONLY (POSOCO- Finance Dept.)

PARTY CODE:

DOCUMENTS RECEIVED:

(.....)

Name & Signature of the Authorized

Signatory Date

NEFT/RTGS/ECS DETAILS FOR PAYMENT

1.	Complete Bank Account No:
2.	Beneficiary Name (As per Bank Pass Book):
3.	Address:
4.	BANK & Branch Name:
5.	Bank Address & Phone Number:
6.	MICR Code:
7.	Branch Code :
8.	IFSC Code:
9.	CONTACT NO. & E MAIL ID:

The Beneficiary is requested to either provide the Photostat copy of Bank Pass book or to take attestation of the form from concerned Bank or provide a cancelled cheque of the account as a documentary support of the above.

Signature of the Beneficiary

Countersigned (EIC)

FOR OFFICE USE (FINANCE DEPT. POSOCO)

PARTY CODE:

DOCUMENTS RECEIVED: PASSBOOK COPY/CANCELLED CHEQUE/ BANK ATEESTED

EMP./OFFICIAL SIGNATURE :

DATE:

EMP./OFF. CODE:

EMP./ OFF. DESIGNATION: