

HEADQUARTERS COAST GUARD REGION(NE), KOLKATA
FORM FOR REGISTRATION OF VENDORS/SUPPLIERS

1. Name of the firm/company : _____
2. (a) Head Office / Registered Office : _____

Telephone No. : _____
Fax No. : _____
Web site (if any) / E-mail : _____
Date of Establishment : _____
- (b) Any branch office in Kolkata : _____
Telephone / Fax No. : _____
3. Name of Chief Executive/Proprietor /Partner : _____
Telephone number/Mob No. : _____
4. Name of Contact person : _____
Telephone / Mobile No. : _____

5. Type of organization (Tick as applicable)

DOCUMENTS TO BE ENCLOSED WITH APPLICATION

- (a) Proprietary ☐ Trade License
- (b) Partnership ☐ Partnership deed, Trade License
- (c) Private Limited Company ☐ Memorandum of Article Certificate of
- (d) Public Limited Company ☐ Registration, Trade License.
- (e) Public Sector ☐

6. Nature of Business (Tick as applicable) :

- Manufacturing ☐ Dealership ☐ Fabrication ☐
- Stockiest ☐ Indian Agent of OEM ☐ Indian Branch office of OEM ☐
- Supplier ☐ Others(Pls specify) _____

7. Class/ Type of product /Materials manufactured /Sold /Dealer/Fabricated:
(**Tick as applicable**)

- | | | | |
|---|--|---|--------------------------|
| Nav & Comm Equipment | <input type="checkbox"/> Electronics | <input type="checkbox"/> Gen Elect items/spares | <input type="checkbox"/> |
| General Engg items/spares
(incl CPP, shafting, gauges) | <input type="checkbox"/> Heavy motors | <input type="checkbox"/> Seamanship Gears | <input type="checkbox"/> |
| Mariner's Instruments | <input type="checkbox"/> Computer/IT | <input type="checkbox"/> Diving Equipment
(Comprs, OBMs, diving gears) | <input type="checkbox"/> |
| General Paints | <input type="checkbox"/> Ropes | <input type="checkbox"/> Crockery/Messtraps | <input type="checkbox"/> |
| Clothing items
(incl Uniform items) | <input type="checkbox"/> Furnishing | <input type="checkbox"/> Medical/surgical items | <input type="checkbox"/> |
| Surveillance Equipment | <input type="checkbox"/> Gases | <input type="checkbox"/> Tyres and MT spares | <input type="checkbox"/> |
| Office automation items | <input type="checkbox"/> Deck fittings | <input type="checkbox"/> Gemini crafts | <input type="checkbox"/> |
| Damage control, fire fighting and life saving items <input type="checkbox"/>
(SOLAS sets, fire extinguishers AFPS suits inflatable life jackets etc) | | | |
| Lubricants | <input type="checkbox"/> | General Naval stores items | <input type="checkbox"/> |

Others (Please specify) _____

8. Annual turnover during last 3 years (Rs.Lakhs)
(**Enclose balance sheet for last 3 years**):-

- (a) 2013-14 _____
(b) 2014-15 _____
(c) 2015-16 _____

9. Compliance Rate (in percentage for last 3 years) :

- (a) Supply order materialized with in delivery schedule : _____
(b) Supply order materialized on part payment basis : _____
(c) Supply order cancelled on account of expiry of Delivery schedule : _____

10. Commercial information registration (**Enclose attested copies**):

- (a) CST Regn. No. : _____
(b) State ST Regn. No.: _____
(c) TIN No. : _____
(d) Excise Centre No. : _____
(e) Trade License No. : _____

- (f) Service Tax Regn. No. : _____
(g) PAN No. : _____
(h) Registered with DGS&D or NSSIC : _____
(Copy of certificate to be enclosed)

11. Bank details (for "E" payment) (including Branch code, MICR code and ESI code):

12. Details of Major Customers: Name of Armed force(s)/ Government department(s) /Major PSU(s)/ Research and development organization(s) where your firm is registered (Enclose attested copy of certificates):

13. Authorised signatories:

Name and Designation of authorized signatory	Specimen Signature
_____	_____
_____	_____

DECLARATION BY VENDOR

I hereby certify that:

- (a) No employee or direct relation of any ICG personnel is in any way connected partner /share holder/ Director/Advisor/Consultant/Employee etc with the company.
(b) The information furnished are correct to the best of my knowledge and belief. Any incorrect information rendered by the firm will amount to my/our company's disqualification.

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(Signature of Proprietor/Partner/Chief Executive)

Name

(in capital letter)

Place :

Date :

(Seal of Vendor)

Model ECS Mandate Format

Customer's option to receive payments through e-Payment (ECS/ EFT/ DIRECT CREDIT/ RTGS/ NEFT/ Other payment mechanism as approved by RBI.)

Credit Clearing Mechanism

1. Customer's name

2. Particulars of Bank Account –
 - a. Bank name
 - b. Branch name
 - c. Address
 - d. Telephone numbers
 - e. IFS code
 - f. 9 Digit code number of Bank and Branch appearing on MICR cheque issued by Bank
 - g. Account Type (S.B. Account / Current Account or Cash)
 - h. Ledger number
 - i. Ledger Folio number
 - j. Account number as appearing on Cheque Book

3. Please attach a blank cancelled cheque, or, photocopy of a cheque or front page of your savings bank passbook issued by your bank for verification of the above particulars.

4. Date of Effect

“I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under scheme.”

Date - _____
Signature of Customer

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp: _____
Date:

Signature of the Authorized Official from the Bank