

NATIONAL ALUMINIUM COMPANY LIMITED

(A Government of India Enterprise)

E-mail:
TEL.NO.:
FAX NO. :

VENDOR REGISTRATION FORM

A. GENERAL:

1. Name of the Company:

2. Regd. Office and Address:

Telephone no. :
Gram:
E-mail/Fax nos. :

3. Branch Office & Address:

Telephone no. :
Gram:
E-mail/Fax nos:

4. Factory Address:

Telephone no. :
Gram:
E-mail/Fax nos:

5. Name & Address of
Contact Person:

Telephone no. :
Gram:
E-mail/Fax nos:

6. Nature of Company/
(Please Tick Mark):

Proprietorship	Partnership	Public Ltd. Co.	Private Ltd. Co.	Govt. Sector

7. a) Status of Company : Manufacturer/Mfgr.'s Agent/
(Strike off whatever Authorized Dealer / Stockist/
is not applicable) Trader /Importer Indian Agent
- b) Micro/Small/ Medium / Large : (Attach copy of Certificate)

8. a) Items for which Registration is sought :
- b) Indicate if any of these are covered under DGSD Rate Contract :
- c) List of Items Manufactured enclose Product Catalogue/ Literatures. :
9. List of Important Clients (Photo copies of 5-10 orders to be enclosed). :
10. Annual Turnover for past 3 years (Attach a copy of last Audited accounts) :
11. Capital Employed :
- B. TECHNICAL AND QUALITY**
12. Manufacturing Facilities (Attach details of Equipments indicating Type, Capacity, Year of Manufacture etc. for all main equipments). :
13. Are your products certified to BIS/ other National/International Stds. (Give Details). : Yes / No
14. Do you have ISO 9000/ISO 14000 / ISO 18000 Certification for the line of Products offered. : Yes/ No
15. Inspection, Measuring and Testing Facilities (Attach details of main equipment) If answer to Point.15 above is yes :
- (a) Do you have a system of Calibration for these Equipments to National Standards : Yes/ No
16. In case of Manufacturers, name the Technical Collaborator, if any :

C. COMMERCIAL:

17. Your Banker's Name and Address :
(Attach Solvency Certificate)
18. Copy of GST registration certificate :
(To be attached)
19. Copy of GST registration :
acknowledgement slip containing
the ARN (To be attached)
20. Copy of PAN card :
(To be attached)
21. Principal place of business :
with state (as per GSTIN)
22. Address of Additional Place of :
Business (if any)
23. Vendor to indicate the type of :
Registration (as Composite dealer/
Regular dealer)
24. Description along with GST HSN :
number of item dealt with
25. Description along with GST Service :
Accounting Code of services dealt with
26. Do you have any Sister Concerns? :
If yes, for each one of item,
indicate their
 - (i) Name :
 - (ii) Address :
 - (iii) Phone / E-mail / Fax nos. :
 - (iv) Range of Products :
27. Do you confirm agreement for : Yes/ No
E-payment