



Doc No.:	QF/09	NEW VENDOR INFORMATION 
Rev. No.:	00	
Rev. Date:	01/08/2018	
Page No.:	Page 1 of 3	

Section 1: Company Details and General Information

1. Name of Company:	
2. Office/Mailing Address:	City
	Pin code
	State
3. Website:	Country
4. Contact Person:	5. Functional Title:
6. Mobile:	7. Telephone:
8. E-mail:	9. Year Established:
10. Works Address: Same as above	City:
	Pin code:
	State:
11. E-mail:	Country:
12. Parent Company (Full Legal Name):	13. License no./State of registration:
14. Type of business Proprietorship Private Limited Partnership Other: _____	


Section 2: Financial Details

15. GST Number	16. Sales Tax Number	17. PAN Number
18. Bank Name:		
Address/Branch:		
Swift/BIC:		
19. Bank Account Number:		
Account Name:		
20. Undertaking:	By checking this box I agree to receive funds online along with associated and transaction charges	

Doc No.:	QF/09	NEW VENDOR INFORMATION 
Rev. No.:	00	
Rev. Date:	01/08/2018	
Page No.:	Page 2 of 3	

Section 3: Technical Capability and Information on Goods/Services Offered

21. Quality Assurance certification (e.g.: ISO 9000 or Equivalent) (Attach a latest copy)	
22. List any National or International Trade or Professional Organizations of which your Company is a Member.	
23. International Offices/Representation (Countries where the Company has local Offices/Representation) {Country, City}	
24. List below up to ten(10) of your core Goods/Services Offered:	
25. Total number of employees/workers:	
26. List of tools and calibration status:	
27. Certification: I, the undersigned, hereby accept the basic General Conditions – a copy of which has been provided to me and warrant that the information provided in this form is correct. In the event of change, details will be provided as soon as possible.	
Name:	Signature:
Functional Title:	
Please e-mail completed form to: purchase@ecomak.co.in NOTE: By completing this form it does not automatically mean you will be added to our Vendor Database. There will be a review and an evaluation process that must take place first.	

Doc No.:	QF/09	 NEW VENDOR INFORMATION
Rev. No.:	00	
Rev. Date:	01/08/2018	
Page No.:	Page 3 of 3	

INSTRUCTIONS FOR COMPLETION

The form should be typewritten in UPPERCASE and completed clearly and accurately ensuring that all questions are answered. The numbers below correspond to item numbers on the registration form:

1. Full name of company.
2. Full street address of your company. List City, Pin Code, State and Country in separate fields.
3. WWW Address or official website and year established in separate field.
4. Name of Contact person/ in-charge at Office location.
5. Functional title of the contact person in the company
6. Mobile number, including country and area codes.
7. Telephone number of contact person.
8. E-mail of contact person/account at factory location.
9. Indicate the year in which the organisation was established under the name shown in Item 1.
10. Full address of your factory location/ Workshop with city, pin code, state and country in separate fields.(Check the box if same as office address).
11. E-mail of the contact person at factory location.
12. Full legal name of parent company, if any.
13. Provide the license number under which the company is registered, or the State where it is registered
14. Please tick one box. If the last box is ticked, please specify.
15. Provide the GST number or Tax ID of the company.
16. Provide the Sales Tax Number of the company.
17. Provide the Company PAN number.
18. Provide the full name, address and SWIFT address of the bank used by the company.
19. Provide the company's bank account number and the account name.
20. Check the box to agree to terms and conditions of banking.
21. List any Quality Assurance Certificates (e.g. ISO 9000 series) that have been issued to your company and provide a copy of the latest certificates.
22. Provide details of all national and international trade or professional organisations to which your company belongs.
23. List all countries where the company has local offices or representation. Please provide, on a separate sheet if necessary names and addresses of all subsidiaries, associates and overseas representatives if any.
24. Please list up to 10 of the core goods/services offered. For each item, list the National/International Quality Standard to which it conforms.
25. Indicate the total number of full-time personnel in the company.
26. List the core tools of business and their calibration status in parenthesis.
27. Please read the enclosed General Conditions carefully, as signature of the form signifies acceptance. The form should be signed by the person completing it and their name and title should be typed, along with the date.