

BHARAT SEATS LIMITED

Vendor Introduced by:

Name:	TestName	Designation:	TestDesignation	Date:	01-03-2019 00:00:00
--------------	----------	---------------------	-----------------	--------------	---------------------

VENDOR QUESTIONNAIRE

1. Company's Profile:

1.1 Name Of Company:			
Test NOC			
1.2 Address Of Company:			
Registered Office:	Head Office:	Plant:	
TestRO	TestHO	TestP	
Telephone:	Telephone:	Telephone:	
1111111111	1111111111	1111111111	
FAX:	FAX:	FAX:	
12345678	12345678	12345678	
e-mail:	e-mail:	e-mail:	
test1@gmail.com	test2@gmail.com	test3@gmail.com	
1.3 Contact Persons:			
Name:	Designation:	Contact No. Office:	Contact No. Residence:
TestCp1	TestD1	1111111111	1111111111
TestCp2	TestD2	2222222222	2222222222
TestCp3	TestD3	3333333333	3333333333
TestCp4	TestD4	4444444444	4444444444
1.4 Product Manufactured By Company:			
Name Of Product:	Main Customer:	Supply(year):	%of annual Turn over:
TestNOP1	TestMC1	2016	1.00
TestNOP2	TestMC2	2017	2.00
TestNOP3	TestMC3	2018	3.00
TestNOP4	TestMC4	2019	4.00
1.5 Certification Details:			
Is your company certified for ISO/ QS/ TS/ TPM/ Any other quality system (If yes then furnish the below details):			
Yes			
Name Of Quality System:	Certifying Agency:	Year of Certification:	TestNOQS1
TestCA1	2016	TestNOQS2	TestCA2
2017	TestNOQS3	TestCA3	2018