

Vendor Information Form

For Internal Use Only

Gene	General Information			
1.	Name of the company			
	(as you want to be printed on PO or cheque)			
2.	Correspondence Address			
3.	Contact Details			
3.				
	Telephone number Fax Number			
	E mail ID			
	Contact person for us			
	Contact person's cell number			
	Office timing & weekly off			
	Website URL (if available)			
4	Nature of Business			
4	(what kind of goods / services do you intend			
	to supply or provide)			
5	PAN number (attach copy)			
6	VAT/Service tax registration number (attach			
O	copy)			
	Bank Details			
	Excise Registration number			
	Manufacturing Lic Number (if applicable)			
	Business Information			
7	Business Type (Public Ltd, Pvt Ltd,			
	Proprietary)			
8	Whether small scale, micro, medium, large			
	scale, MNC collaboration (attach SSI			
	registration if applicable)			
9	Director/Proprietor's name qualification &			
	experience in current business			
10	Date of establishment			
11	Approx sales turnover in last 3 financial			
	years (give the year also). Preferably attach			
	balance sheet copy.			
12	Number of offices in India & locations			
13	Name of any other company belonging to			
	you & supplying goods/ service to Sanofi			
	group of companies			
14	Names of few other major clients			



15	Names of few Pharma clients	
16	Number of employees in company	
	Number of employees in Mumbai	
17	Number of Technical persons in Mumbai	
18	Are you a manufacturer / authorized	
	distributor / trader / importer / service	
	provider	
	If you are authorized distributor to any	
	company, pl name it & attach the certificate	
	Business Achievements / Commitments	
19	Any major accrediting (ISO, regulatory etc),	
	business awards won	
20	Any other major business achievement you	
	would like us to know	
21	Are you prepared to abide by the	
	confidentiality condition & sign	
	confidentiality contract with us?	
22	Would you abide by Sustainability Principles	
	accepted by Sanofi group companies	
	(Compliance to all applicable laws, no child	
	labor, environment protection, non-	
	corruption practices)	
23	Do you ensure that any surplus goods	
	(bearing supplier's logo) or printing waste is	
	properly destroyed to prevent its misuse?	
	How do you ensure this?	

Name & designation of signatory

I confirm that above information is true to my best knowledge.

Date:	Company stamp / seal
Bate.	Company stamp / sea