

# **COLDMAN LOGISTICS Pvt. Ltd.**

## **VENDOR REGISTRATION FORM**

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### Date:

Coldman Office use only		
Vendor No. & Location	Type of Vendor / Supply to be made	Division
		Freezer Division Transport Division
Vendor Details ( fill up by Vendor)		
General information		
Firm /Company Name:	HI-TECH FROZEN FA	CILITIES PVT. LTD.
Address of registered Office:	BLOCK NO.276, OPP. RELIEF HOTEL, NH-8, At&Po. BALESHWAR, TAL: PALSANA, DIST: SURAT(GUJ.) INDIA-394317	
Address to be mentioned in the Invoice (In view of GST)	BLOCK NO.276, OPP. RELIE BALESHWAR, TAL: PALSAN, INDIA-394317	•
Contact Person Name	MITESH JAIN	
Telephone No. with STD code/ Mobile No.	+91 7600007401 +91 9898047399	
E-mail / Website	www.hi-techfrozen.com	
Establishment Year	2010	
Constitution (Tick only)	Sole Proprietor  Partnership  ✓ Private Limited (Attach MOA)	•
	Public Sector	



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Nature of Business	Manufacturer
( Tick Only )	Contractor
	Distributor
	Authorized Dealer
	Stockiest
	Agent
	✓ Any Other (cold storage)
Bank Details (Enclosed Cancelled Cheque)	BANK NAME :- KOTAK MAHINDRA
	ACCOUNT NO.: 9711613882
	BRANCH NAME: KAMREJ
	IFSC CODE:- KKBK0002851
	Tax Details
PAN	AACCH0141A
GST	24AACCH0141A1ZL
HSN Codes of the products to be supplied	
State	GUJARAT
State Code	GJ

#### **DECLARATION**

The above information is true in all respect and we undertake to inform you if any changes in the above particulars regarding our business from time to time.

Authorized Signature of Vendor Stamp & date

Approval Authority – Coldman Signature & date

#### **Mandatory Enclosures to Create Vendor Code**

- 1. Copy of PAN
- 2. Copy of GST Registration Certificate
- 3. Copy of Proof of Constitution of Business
- 4. Copy of Cancelled cheque or Letter from Vendor Bank certifying bank details of Vendor