

Request for	New Code	Modification	Existing Code	To be filed by Cryolor
Vendor Group	Non AL Group(D) Non AL Group(I) AL Group(D) AL Group(I)			
Scope Of Supply	Raw Materials	Sub Contacting	Other Services	
Inspection is required	Yes	No		

Vendor Name and Address Details

Name	Satyajit
Address Line 1	Address Line 1.....
Address Line 2	Address Line 2.....
City	City
State	State...
Country, Zip Code	Country, Zip Code
Entity Type	Entity Type

Bank Details(Supporting document required)

Mode of Payment	mode of payment
Bank Name	mode of payment
Bank Address Line 1	Address Line 1.....
Bank Country	Address Line 1.....
Zip Code	Address Line 1.....
Bank Account No	Address Line 1.....
IFSC Code	Address Line 1.....
MICR Code	Address Line 1.....
Swift Code	Address Line 1.....
Cancelled Cheque	
IBAN No.	Address Line 1.....

Contact Details	Proprietor/Partner/Director	Sales/Marketing	Accounts
Name	Name		
Designation	Designation		
Mobile Number	Designation		
Email	Email		

Purchasing Data

Default Currency	Default Currency
Payment Terms	Payment Terms
Incoterms/Location	Payment Terms

Control

GST Number	Payment Terms		GST Regn Certificate
GST Range	Payment Terms		
GST Division	Payment Terms		
GST Commissionerate	Payment Terms		
HSN Code/SAC Code	Payment Terms		
PAN Number	Payment Terms		Copy of PAN attach
MSME Reg No(if	Payment Terms		MSME Regn Certificate

applicable)					
SSI Reg no.(if applicable)	Payment Terms		SSI Regn Certificate		
Supplier Code Conduct	Payment Terms		acknowledgment attach		
* Mandatory input					
*** Please Provide the cancelled cheque or bank details in latter head duly authorized by appropriate person					
17 Satyajit (Initiator)	17 Satyajit (Initiator)	17 Satyajit (Initiator)	17 Satyajit (Initiator)	17 Satyajit (Initiator)	17 Satyajit (Initiator)