	Vendor Registrations Format	**Reference:**Cap/Scm
		Revision: Cap/Scm
		Date: Cap/Scm
		Page:1
		Owner: Cap/Scm

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	17	17	17	17	17
Satyajit (Initiator)	Satyajit (Initiator)	Satyajit (Initiator)	Satyajit (Initiator)	Satyajit (Initiator)	Satyajit (Initiator)