

**Reference:**Cap/Scm

**Revision:**Cap/Scm

**Date:**Cap/Scm

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**Owner:**Cap/Scm

Vendor Registrations Format			To be filed by Cryolor
Request for	New Code	Modification	
Vendor Group	Non AL Group(D)	Non AL Group(I)	
Scope Of Supply	Raw Materials	Sub Contacting	
Inspection is required for item to be supplied	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 attachment	
IBAN No(for import vendor)	Address Line 1.....