

| KYB-CONMAT PVT LTD.   |                             |   |  |  |
|---|-----------------------------|---|--|--|
| VENDOR REGISTRATION FORM  |                             |   |  |  |
| (DATA REQUIRED TO OPEN VENDOR CARD) in CAPITAL Letters  |                             |   |  |  |
| "No Blank Fields Permitted, Write N.A. if needed"   |                             |   |  |  |
| Name of Vendor  |                             |   |  | Name from which Invoice will be raised   |
| Registered Office Address with City, State, Pin Code, Country   |                             |   |  | Mention both Addresses if Reg. Office & Manufacturing Location Differs, highlight address from which Invoice will be raised      |
| Type of Business Entity   |                             |   |  | Select From Dropdown List  |
| CIN / LLP No. / RoC   |                             |   |  | As per www.mca.gov.in  |
| Gumastadhara Certificate No.  |                             | Website                                     |  |  |
| Date of Incorporation (Year of Establishment)   |                             |   |  | Date from which Mentioned Company Started  |
| Associated Companies /Subsidiary Companies  |                             |   |  | Name of associate Companies  |
| Company Turnover (In Rs.)<br>(Last two F.Y.)  |                             |   |  | Provide Balance Sheet or related Documents   |
| Authorised Contact Person(s)  | Contact 1 (Primary Contact) | Contact 2 (Promoter / Partners / Directors) |  | With Whom to Communicate   |
| Name  |                             |   |  |  |
| Designation   |                             |   |  |  |
| Email ID  |                             |   |  |  |
| Mobile No.  |                             |   |  |  |
| GST TIN No.   |                             | PAN No.                                     |  | As per services.gst.gov.in or www.trgst.com, Sole Proprietorship Valid PAN required if Trade Name is different                   |
| MSMED Regn. No.   |                             |   |  | As per udyogadhaar.gov.in & as per latest norms  |
| IEC No.   |                             |   |  |  |
| Working Hours & Weekly off  |                             |   |  | You may Provide specific information on Long Duration planned closures, especially if business is related to Overseas Principals |
| Mandatory Document Proof Required for All<br>Photocopy of PAN, GSTIN Copy(For Registered), Address Proof, Cancelled Cheque, IEC for Import Supplier   |                             |   |  | This is Basic Documents, Supplier type wise Documents written separately   |
| Applicable only for Manufacturers   |                             |   |  |  |
| Factory Area ( in Square Meter)   | Covered Area:               | Open Area:                                  |  |  |
| Handling Capabilities   | Overhead Crane:             | Others:                                     |  |  |
| Staff   | Technical:                  | Administrative:                             |  |  |
| Workmen   | Skilled:                    | Unskilled:                                  |  |  |
| Manufacturing/Invoice Address   |                             |   |  |  |
| Documents required for Manufacturer   |                             |   |  |  |
| 1) Incoming Raw Material Vendor & Outsourced Process List   |                             |   |  |  |
| 2) List of Machinery & Measuring Instruments available in premises  |                             |   |  |  |
| 3) QOC/QA/QAP Process or written instruction Manual along with Accreditation Certificates   |                             |   |  |  |
| 4) Environment, Occupational health & Safety Related Policies   |                             |   |  |  |
| 5) Product Related Legal Requirements to be submitted along with form (if any)  |                             |   |  |  |
| 6) Brochures with sector served & Customer List, Organizational Structure, hierarchy Levels & System for After Sales Service  |                             |   |  |  |
| 7) Documentary Proof of Data given in this Form, CIN, Last 2 Years Balance sheet (Only Turnover Copy for verification including MSME Amendment)   |                             |   |  |  |
| 8) Name of trader or authorised dealer in our region  |                             |   |  |  |
| Applicable only for Traders/Dealers/Distributors  |                             |   |  |  |
| No. of Persons  | Staff:                      | Work Force:                                 |  |  |
| Brands Available  |                             |   |  |  |
| Space   | Office:                     | Godown:                                     |  |  |
| Documents Required for Traders/Dealers/Distributors   |                             |   |  |  |
| 1) List of available Brand and Copy of Brand Authorization Certificate with validity & Price List, Copy of Document Proof of Data given in this Form  |                             |   |  |  |
| 2) Also Provide Principal's details   |                             |   |  |  |
| Applicable only for Service Providers   |                             |   |  |  |
| No. of Persons  | Staff:                      | Work Force:                                 |  |  |
| Office Space  |                             |   |  |  |
| Documents required for Service Providers  |                             |   |  |  |
| 1) Trade License and Copy of Service Authorization Certificate, Copy of Document Proof of Data given in this Form   |                             |   |  |  |
| Note : Details To Fill in Soft & send scanned copy with all Pages Signed & Stamped along with Documents, Registration without Filling This form is sole discretion of KCPL                        |                             |   |  |  |
| Terms & Conditions :  |                             |   |  |  |
| A) Providing information does not constitute acceptance as an approved & registered vendor. The registration of vendor is the sole discretion of KCPL after Assessment of Data Submitted          |                             |   |  |  |
| B) Vendor is responsible for the content of the information and its vendor responsibility to provide subsequent up dates along with Renewal of Documents given as Proof                           |                             |   |  |  |
| C) KCPL reserves the rights to evaluate/audit the vendor on periodical basis and decide the continuation/ discontinuation of business with them based on the evaluation report.                   |                             |   |  |  |
| D) Representative of KCPL or their nominated agency has the right to visit vendor premises for the verification of information with/without a prior intimation.                                   |                             |   |  |  |
| E) At later date if it is found that the information furnished is untrue, inaccurate, not current, or is incomplete, we reserve the right to suspend or terminate the registration & recover dues |                             |   |  |  |
| Declaration   |                             |   |  |  |
| I declare that the information furnished above is correct to the best of my knowledge.  |                             |   |  |  |
| I undertake to inform you at the earliest if any change on details mentioned above.   |                             |   |  |  |
| Date :  | Authorized Signatory :      |   |  |  |
| Place :   | Name :                      |   |  | Person who is Authorized to Sign   |
| Company Seal :  | Designation :               |   |  |  |