

## Vendor Registration Form

To,  
The Manager - Toilet First  
Coimbatore- 6410240

**Subject: - Vendor Information Form**

Name:	<input style="width: 100%; height: 20px;" type="text"/> (Name as appearing in your Bank Account)		
Address:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">CITY :-</td><td style="width: 30%;">PIN No. :-</td></tr></table>	CITY :-	PIN No. :-
CITY :-	PIN No. :-		
<b><u>Finance Contact</u></b>			
Name:	<input style="width: 100%; height: 20px;" type="text"/> (Name of the person in the organization to whom the payment information should be sent)		
Contact Numbers:	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">Land line :</td><td style="width: 30%;"></td></tr></table> (Telephone/Mobile numbers of the above contact person in case of any clarification)	Land line :	
Land line :			
Email Address:	<input style="width: 100%; height: 20px;" type="text"/> (e-mail ID of the above contact person to whom the payment information should be mailed)		
<b><u>Bank Details</u></b>			
Bank Name:	<input style="width: 100%; height: 20px;" type="text"/>		
Branch Address:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">CITY :-</td><td style="width: 30%;">PIN No. :-</td></tr></table>	CITY :-	PIN No. :-
CITY :-	PIN No. :-		
Bank Account Number :-	<input style="width: 100%; height: 20px;" type="text"/> Please provide the complete Account number as appearing in your bank statement.		
IFSC Code:-	<input style="width: 100%; height: 20px;" type="text"/>		
MICR Code:-	<input style="width: 100%; height: 20px;" type="text"/>		
<b><u>Tax Information</u></b>			
TAN	<input style="width: 100%; height: 20px;" type="text"/>		

PAN

(Scanned Copy to be enclosed)

Whether TDS is Deductible?

IF yes, under which section

Percentage of Tax

Any exemption has been allowed by ITO

IF Yes, % of exemption & date of certificate

(Scanned copy to be enclosed)

Service Tax

Registration number

VAT

Registration number

ESI Registration number

PF Registration number

CST

Registration number

Thanking You,

Authorized Signatory & Designation