

# AIROIL FLAREGAS PRIVATE LIMITED

Survey No. 788 & 793, Opp. Torrent Laboratories, Kalol-Mehsana Highway,  
 Village: Indrad : 383 341, Tal.: Kadi, Dist. Mehsana, Gujarat (India).  
 Phone: +91 9726428756 / 57 / 58 / 59 E-mail: corphq@hs.co.in



## VENDOR REGISTRATION FORM

### Instructions :

Please type in the information OR use capital letters to fill ALL required data in this form.  
 You may also download and print this form by visiting [www.airoilflaregas.com](http://www.airoilflaregas.com)

<i>General Information</i>							
<b>Name of Vendor</b>							
<b>Category :</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Manufacturer</td> <td style="width: 33%; text-align: center;">Authorised Dealer</td> <td style="width: 33%; text-align: center;">Trader</td> </tr> <tr> <td colspan="2" style="text-align: center;">Contractor / Fabricator / Service provider (circle one)</td> <td style="text-align: center;">Transporter</td> </tr> </table>	Manufacturer	Authorised Dealer	Trader	Contractor / Fabricator / Service provider (circle one)		Transporter
Manufacturer	Authorised Dealer	Trader					
Contractor / Fabricator / Service provider (circle one)		Transporter					
<b>Status of Organization :</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Proprietorship</td> <td style="width: 33%; text-align: center;">Partnership</td> <td style="width: 33%; text-align: center;">Private Limited</td> </tr> <tr> <td style="text-align: center;">Public Limited</td> <td colspan="2" style="text-align: center;">Others (please specify) :</td> </tr> </table>	Proprietorship	Partnership	Private Limited	Public Limited	Others (please specify) :	
Proprietorship	Partnership	Private Limited					
Public Limited	Others (please specify) :						
<b>Head of the Organization :</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Date of formation :</td> <td style="width: 20%;">Registered :</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> </table>	Date of formation :	Registered :	Yes	No		
Date of formation :	Registered :	Yes	No				
<b>Designation :</b>							
<b>Contact Person(s) :</b>							
<b>Head Office / Registered Office Address :</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Line 1</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Line 2</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>City &amp; State :</td> <td style="text-align: right;">Zip:</td> </tr> </table>	Line 1		Line 2		City & State :	Zip:
Line 1							
Line 2							
City & State :	Zip:						
<b>Phone (with area code) :</b>	<b>Mobile :</b>						
<b>Fax :</b>	<b>Alternate Fax :</b>						
<b>e-mail address :</b>							

<i>Registration Information</i>	
<b>Goods and Services Tax No:</b>	
<b>Income tax / PAN Number :</b>	
<b>Contractors / Fabricators :</b>	<b>Owner's TDS No.:</b>

<b>Vendor Information</b>	
<b>Product(s) / Service(s) Offered</b> (You may attach separate sheets or catalogues) :	1 _____
	2 _____
	3 _____
	4 _____
<b>Factory Address :</b>	Line 1 _____
	Line 2 _____
	City & State : _____ Zip: _____
<b>Warehouse / Shop Address :</b>	Line 1 _____
	Line 2 _____
	City & State : _____ Zip: _____
<b>Approvals / Certification EIL / ISO etc.</b> (Provide details on separate sheet)	_____
	_____
<b>Your Major customers</b> (attach a sperate sheet if required)	_____
	_____

<b>Financial / Payment Information</b>			
<b>Annual Turnover</b> (last 3 years - in lacs)	FYE _____	FYE _____	FYE _____
<b>Cheques to be issued in the name of :</b>	_____		
<b>Does the above name match the GST Registration number given on Page 1?</b>	<b>Yes</b>	<b>No</b>	
<b>If No, provide details of GST Registration for above name :</b>	_____		
<b>Name of your Bank :</b>	_____		
<b>Account Number :</b>	<b>Account Type :</b>	<b>IFSC Code :</b>	
<b>Bank's address :</b>	Line 1 _____		
	Line 2 _____		
	City & State : _____	Zip: _____	

**Manufacturing facility (For manufacturers, contractors and fabricators only)**

<b>Machinery - Provide list of working machines with make &amp; capacity : (Attach separate sheet if required)</b>		
<b>Instruments (list all measuring / testing instruments, with calibration record)</b>		
<b>Manpower available (name &amp; designation of technical staff)</b>	<b>Designation</b>	<b>Name</b>

<b>This form was filled by :</b>	Name : _____ Date : _____ Designation : _____	Vendor's Rubber Stamp
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**For AFIL Office Use only**

<b>Approved :</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center; padding: 2px;"><b>Yes</b></td> <td style="width:50%; text-align: center; padding: 2px;"><b>No</b></td> </tr> <tr> <td style="padding: 2px;"><b>Vendor ID Code No. :</b></td> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<b>Vendor ID Code No. :</b>			
<b>Yes</b>	<b>No</b>						
<b>Vendor ID Code No. :</b>							
<b>Verified by :</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">Name</td> <td style="text-align: center; padding: 2px;">Sign</td> <td style="text-align: center; padding: 2px;">Date</td> </tr> </table>				Name	Sign	Date
Name	Sign	Date					
<b>Authorised by :</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> </tr> </table>						