

Date: dd-mmm-yyyy

Supplier Registration form

To

Ganga Rasayanie (P) Ltd
703 Spencer Plaza, Phase I
769 Anna Salai
Chennai 600 002

We hereby provide our company details in order to register as a transporter with your company.
(The starred * items are mandatory)

Company Name		*
Address Line 1		*
Address Line 2		
Address Line 3		
City / Village		*
Pin		*
District		
State		*
Credit Days (# of days)		*
Bank Account Number		*
Bank Name		*
RTGS/NEFT/IFCS Code		*
Tax Details		
PAN #		*
TAN #		
TIN #		
CST #		
LST #		
VAT #		
CE Range #		
CE Division #		
ECC#		
RC #		
Service Tax #		
Contact Person Name		*
Email Address		*
Phone # (with std code)		*
Fax #		
Mobile #		*
Communication Mode	Email / Telephone / Fax	*

Payments are to be made to the Company Name mentioned above.

We undertake to provide the updated information as an when they change.

Enclosed are an attested copy of our PAN Card and a cancelled blank check of the account mentioned above.