

SUPPLIER'S REGISTRATION FORM

EFFECTIVE DATE :1 JAN 2025

1.Name & Address : a) Registered Office: b) Works:	
2. Year of Establishment :	
3. . Communication Details : a) Telephone Nos: Office/Works b) Fax. Nos c) E-mail: d) Website , If Any	
4. Category of your organization like MSME / State Govt / Private / Any other. (Pls attach Proof)	
5. Name and contact nos of the Managing Director/ Partners / Proprietor :	
6.Contact Persons (with Name / email ID / Direct Ph. No): a) Marketing Department b) Sales Department c) Production Department d) Accounts Department e) Dispatch & Logistics Department f) Local Representative, if any	

7. Product Range : (Pls attach Line card, if applicable)	
8. Banker's Details : a) Bank Name & Address: b) 9-Digit Code Number of Bank's Branch (appearing on the MICR Cheque issued by bank) c) Account Type d) Account Number (As per Appearing on the cheque book) e) Bank IFSC CODE f) NEFT CODE	
9. Your TAX Registration Details: a) GST b) PAN	
10. Any other relevant information: like a) Major customers b) Approvals / Certification ,if any	
Signature with seal of the company Name : Designation : Date :	

- Note :-
1. Kindly provide the copies of documents where ever required .
 2. Kindly send the completly filled form along with required documents to email ID : material @ puncom.com