



SHIVAMY GROUP

1, "New Empire" Building , Indira Chowk , University Road , Rajkot – 360007 | Gujarat -INDIA |
www.shivamytradexim.com | info@shivamytradexim.com | PH: +91-281-2575796

VENDOR REGISTRATION FORM

Business Category	Distributor / Focus Partner / System Integrator / Retailer
Zone	North / West / South / East
Company Name	
Contact Person	
Contact No. (Mobile)	
Registered Address	
District /State	
Pin Code	
Office Telephone No.	
Office Fax No.	
Office Mobile No.	
E-Mail Id	
No of Years In Business	
Year of Establishment	
Type of Business Entity	Sole Proprietorship / Private Ltd. Co. / Partnership / Public Ltd. Co. / Other (To Specify)
	(Please Enclose Copy of Article of Association In Case of Co.'s/Partnership Deed In Case of Partnership/It Return In Case of Proprietorship)



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❖ Name of The Partners / Owners / Directors :-

Sr. No.	Name	Designation	Mobile	Email id

❖ Type of Business :-

Distributor / Focus Partner / System Integrator / Retailer			
Product Category		Product Range	
Market Segment		Major's Supplier(S)	
Business Territory		Working Sector	

❖ Details For Sister Concern / Group Company :-

Sr. No.	Name of Company	Nature of Business	Since (Year)	Product Category	Annual Turnover

❖ Current Business Details: - (Other Brands Business Details)

Sr. No.	Brand Name	Business Category	Since (Year)	Product Category	Annual Turnover



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❖ Details of Organization Staff: -

Sr. No.	Department	Person Name	Contact No.	Email ID
1	Marcom			
2	Sales			
3	Technical			
4	Accounts			
5	Purchase			

❖ Certificates : - (Please Enclose Photocopy of Certificates)

CST NO.	
LST NO.	
TIN NO.	
PAN NO.	

❖ Required Documents for vendor Registration : -

1. PAN Card copy of the individual. (Proprietor / Partners / Directors).
2. PAN card copy of the organization.
3. VAT / CST TIN certificates copy.
4. For Private Limited / Limited Companies - Copy of MOA & AOA and form 32 ROC acknowledged copy
For LLP – Copy of LLP agreement.
For Partnership concerns - Copy of partnership deed.
For Proprietary concerns - Copy of proprietor's latest IT return.
5. Bank Statement for last 3 months. **(Required After 5 Transactions)**
6. Security Blank Cheque. **(Required After 5 Transactions)**

Name & Signature of Authorized Signatory with Official Seal

Name: -

Designation: -

Signature: -

Official Seal: -