

Oasis Irrigation Equipment Co. Limited

Reg. Office: P-6, Scheme VI M(S) C I T, Kolkata - 700 054
 Ph. (033)2364-8812 / +91-94330 59250/ +91-99030 01818
 Email: info@oasisirrigation.in / sales@oasisirrigation.in

Application for Vendor Registration

1	Name of the Company	:	
2	Postal Address (Office)	:	
	Telephone No	:	
	Head Office / Branch Office	:	
	Fax No.	:	
	Head Office / Branch Office	:	
	Mobile No	:	
3	Name of Local Representative (if Any)	:	
	Address	:	
	Telephone/Telex/Fax No	:	
	Fax No.	:	
	Mobile No	:	
4	E-mail	:	
	Names of Proprietor / Partners / Directors	:	
	Type of the Firm –	:	
	Sole Proprietorship	:	
	Partnership	:	
5	Pvt Ltd	:	
	Public Ltd	:	
	Public Sector	:	
	Partnership Deed - YES <input type="checkbox"/> NO <input type="checkbox"/>	:	
6	(Attach Xerox Copies)	:	Year of Establishment _____ Shop & Establishment Certificate (Attach Xerox Copies)
7	Name and Address of the Bankers	:	
8	Whether registered under	:	
	SSI	:	
	NSIC	:	
	MSME	:	
9	(Attach Xerox Copies)	:	
10	(Attach Xerox Copies)	:	
11	Whether the applicant has any sister concern registered in this organization, if yes please provide Details	:	
12	Any other special/relevant information	:	

I/ We certify that I/We will not get our self / myself registered as Vendor(s) in the undertaking under more than one name.
I/We hereby confirm that the above information is true to the best of my/our knowledge and belief.
I/We also undertake that, if at any stage, the above information's are found to be incorrect, the Company shall reserve the right to cancel my/Our Registration, at any time, without notice, at its own discretion.

PLACE : _____ SIGNATURE : _____
 DATE : _____ DESIGNATION : _____

FOR COMPANY USE ONLY

PLACE : _____ SIGNATURE : _____
 DATE : _____ FINANCE MANAGER : _____