

Vendor Registration Form

Jet Airways (I) Ltd

About

		Date	:	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	
Company Name	:											
Registered Address	:											
	:											
	:											
	:											
Company type	:	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Limited	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Others						
	:	<i>In case of Others, please specify</i> _____										
Nature of Business	:	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trading	<input type="checkbox"/> Import / Export	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Others						
	:	<i>In case of Others, please specify</i> _____										
Date Established	:	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>			
	:											
Contact Person	:	<i>Mr / Mrs / Ms.</i> _____										
Address	:											
	:											
	:											
Email	:											
	:											
	:											
Owner / Partner / Director	:	<i>Mr / Mrs / Ms.</i> _____								Share	:	_____ %
Address	:											
	:											
	:											
Email	:											
DIN Number	:											
	:											
	:											
Owner / Partner / Director	:	<i>Mr / Mrs / Ms.</i> _____								Share	:	_____ %
Address	:											
	:											
	:											
Email	:											
DIN Number	:											
	:											
	:											
Owner / Partner / Director	:	<i>Mr / Mrs / Ms.</i> _____								Share	:	_____ %
Address	:											
	:											
	:											
Email	:											
DIN Number	:											
	:											
	:											
Owner / Partner / Director	:	<i>Mr / Mrs / Ms.</i> _____								Share	:	_____ %
Address	:											
	:											
	:											
Email	:											
DIN Number	:											
	:											
	:											

Company & Product Details

PAN Number :	<input type="text"/>	Issued on :	<input type="text"/>
TIN Number :	<input type="text"/>	Issued on :	<input type="text"/>
Import Export Code :	<input type="text"/>	Issued on :	<input type="text"/>
VAT Registration No :	<input type="text"/>	Issued on :	<input type="text"/>
Service Tax Code :	<input type="text"/>	Issued on :	<input type="text"/>
Excise Regn No :	<input type="text"/>	Issued on :	<input type="text"/>
Company Regn No :	<input type="text"/>	Issued on :	<input type="text"/>
CST No :	<input type="text"/>	Issued on :	<input type="text"/>

Turnover :	<input type="text"/>	<i>INR Crore</i>	Financial Year :	<input type="text"/>
<i>(latest first)</i>	<input type="text"/>	<i>INR Crore</i>	Financial Year :	<input type="text"/>
	<input type="text"/>	<i>INR Crore</i>	Financial Year :	<input type="text"/>

Top 5 Customers :	<input type="text"/>	% of total business :	<input type="text"/>	%
	<input type="text"/>	% of total business :	<input type="text"/>	%
	<input type="text"/>	% of total business :	<input type="text"/>	%
	<input type="text"/>	% of total business :	<input type="text"/>	%
	<input type="text"/>	% of total business :	<input type="text"/>	%

Primary Products :	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
& Dealerships	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>

Secondary Products :	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
& Dealerships	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>

Other Products :	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
& Dealerships	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Manufactured :	<input type="text"/>	<input type="text"/>

Factory Details - I

Factory I - Name	:	<input type="text"/>	Area (in sq.ft)	:	<input type="text"/> sq.ft
Factory I - Address	:	<input type="text"/>	Total Workers here	:	<input type="text"/>
		<input type="text"/>	Telephone	:	<input type="text"/>
Email	:	<input type="text"/>	Fax Number	:	<input type="text"/>
Contact Person	:	<input type="text"/>	Mobile Number	:	<input type="text"/>
Products Manufactured at this location	:	<input type="text"/>			

Capacity per Shift	:	<input type="text"/>	Unit of Measure	:	<input type="text"/>	Number of Shift in a Day	:	<input type="text"/>		
Date Established	:	<input type="text"/>	ESIC	:	<input type="text"/>	PF	:	<input type="text"/>		
Contractual Labour	:	<input type="text"/>	Number of Contractors	:	<input type="text"/>	Head Count of Contractual Labour	:	<input type="text"/>		
QA Department	:	<input type="text"/>	Quality Standards Followed	:	<input type="text"/>					
Quality Certifications	:	<input type="text"/>						QA Staff	:	<input type="text"/>

Name of Customers whose products are manufactured at this location

Customer 1 - Name	<input type="text"/>	Whether Factory is Approved	:	<input type="text"/>
Customer 2 - Name	<input type="text"/>	Whether Factory is Approved	:	<input type="text"/>
Customer 3 - Name	<input type="text"/>	Whether Factory is Approved	:	<input type="text"/>

Factory II - Name	:	<input type="text"/>	Area (in sq.ft)	:	<input type="text"/> sq.ft
Factory II - Address	:	<input type="text"/>	Total Workers here	:	<input type="text"/>
		<input type="text"/>	Telephone	:	<input type="text"/>
Email	:	<input type="text"/>	Fax Number	:	<input type="text"/>
Contact Person	:	<input type="text"/>	Mobile Number	:	<input type="text"/>
Products Manufactured at this location	:	<input type="text"/>			

Capacity per Shift	:	<input type="text"/>	Unit of Measure	:	<input type="text"/>	Number of Shift in a Day	:	<input type="text"/>		
Date Established	:	<input type="text"/>	ESIC	:	<input type="text"/>	PF	:	<input type="text"/>		
Contractual Labour	:	<input type="text"/>	Number of Contractors	:	<input type="text"/>	Head Count of Contractual Labour	:	<input type="text"/>		
QA Department	:	<input type="text"/>	Quality Standards Followed	:	<input type="text"/>					
Quality Certifications	:	<input type="text"/>						QA Staff	:	<input type="text"/>

Name of Customers whose products are manufactured at this location

Customer 1 - Name	<input type="text"/>	Whether Factory is Approved	:	<input type="text"/>
Customer 2 - Name	<input type="text"/>	Whether Factory is Approved	:	<input type="text"/>
Customer 3 - Name	<input type="text"/>	Whether Factory is Approved	:	<input type="text"/>

Factory Details - II

Factory III - Name : _____ Area (in sq.ft) : _____ sq.ft
 Factory III - Address : _____ Total Workers here : _____
 _____ Telephone : _____
 Email : _____ Fax Number : _____
 Contact Person : _____ Mobile Number : _____

Products Manufactured : _____
 at this location _____

Capacity per Shift : Unit of Measure : Number of Shift in a Day :

Date Established : ESIC : PF : Fire Safety :

Contractual Labour : Number of Contractors : Head Count of Contractual Labour :

QA Department : Quality Standards Followed : _____

Quality Certifications : _____ QA Staff :

Name of Customers whose products are manufactured at this location

Customer 1 - Name _____ Whether Factory is Approved :
 Customer 2 - Name _____ Whether Factory is Approved :
 Customer 3 - Name _____ Whether Factory is Approved :

Factory IV - Name : _____ Area (in sq.ft) : _____ sq.ft
 Factory IV - Address : _____ Total Workers here : _____
 _____ Telephone : _____
 Email : _____ Fax Number : _____
 Contact Person : _____ Mobile Number : _____

Products Manufactured : _____
 at this location _____

Capacity per Shift : Unit of Measure : Number of Shift in a Day :

Date Established : ESIC : PF : Fire Safety :

Contractual Labour : Number of Contractors : Head Count of Contractual Labour :

QA Department : Quality Standards Followed : _____

Quality Certifications : _____ QA Staff :

Name of Customers whose products are manufactured at this location

Customer 1 - Name _____ Whether Factory is Approved :
 Customer 2 - Name _____ Whether Factory is Approved :
 Customer 3 - Name _____ Whether Factory is Approved :

Important - Please fill all details

Currency	<input type="text" value="INR \$"/>	<input type="text" value="USD \$"/>	<input type="text" value="EUR €"/>	<input type="text" value="GBP £"/>	Authorized Capital	<input type="text" value="Y"/>	<input type="text" value="N"/>	<input type="text" value=""/>	Amt
Paid-up Capital	<input type="text" value="Y"/>	<input type="text" value="N"/>	<input type="text" value=""/>	<input type="text" value=""/>	Issued Capital	<input type="text" value="Y"/>	<input type="text" value="N"/>	<input type="text" value=""/>	Amt

Payment Terms Offered :

Incoterms :

Country of Origin : Shipping Point : Port :

Product Liability Insurance Offered : | | Amt | | | | |

Insurance Company :

D&B D-U-N-S® Number : | | | | | | | | | Valid till | | | | | | | | |

Bank Name	<input type="text" value=""/>	Account No	<input type="text" value=""/>
Beneficiary	<input type="text" value=""/>	Swift Code	<input type="text" value=""/>
Bank Address	<input type="text" value=""/>	Sort Code	<input type="text" value=""/>
Correspondent Bank	<input type="text" value=""/>	IBAN No	<input type="text" value=""/>

Customer References - Provide 3 references

Company Name :	<input type="text" value=""/>	Contact Person :	<input type="text" value=""/>
% of total business :	<input type="text" value=""/>	%	Telephone No. : <input type="text" value=""/>
	<input type="text" value=""/>		Mobile No. : <input type="text" value=""/>
Company Name :	<input type="text" value=""/>	Contact Person :	<input type="text" value=""/>
% of total business :	<input type="text" value=""/>	%	Telephone No. : <input type="text" value=""/>
	<input type="text" value=""/>		Mobile No. : <input type="text" value=""/>
Company Name :	<input type="text" value=""/>	Contact Person :	<input type="text" value=""/>
% of total business :	<input type="text" value=""/>	%	Telephone No. : <input type="text" value=""/>
	<input type="text" value=""/>		Mobile No. : <input type="text" value=""/>

Check List - List of Documents to be submitted

Please ensure you tick ☒ against documents submitted.

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| 1 Last 3 Years Audited Balance Sheet & Profit & Loss Statement | <input type="checkbox"/> * | 8 Copy Of Excise Registration | <input type="checkbox"/> * |
| 2 Copy Of Pan Number | <input type="checkbox"/> * | 9 Copy Of Partnership Deed | <input type="checkbox"/> ¹ |
| 3 Copy Of Tin Number | <input type="checkbox"/> * | 10 Copy Of Articles Of Association | <input type="checkbox"/> ⁵ |
| 4 Copy Of Import Export Code | <input type="checkbox"/> ² | 11 Copy Of Incorporation Certificate | <input type="checkbox"/> ¹ |
| 5 Copy Of Vat Registration | <input type="checkbox"/> * | 12 Copy Of Authorized Dealer Certificate | <input type="checkbox"/> ⁴ |
| 6 Copy Of Service Tax Registration | <input type="checkbox"/> ³ | 13 Copy of Works Contract Tax Registration | <input type="checkbox"/> ⁶ |
| 7 Copy of Company Registration | <input type="checkbox"/> * | 14 Cancelled Cheque | <input type="checkbox"/> ⁷ |

* Required

¹ Submit any one

² Submit if products are exported or imported

⁶ Required if registering to provide services that involve transfer of property in goods

⁷ Required in case of ECS

³ Submit if registering as a Service Provider

⁴ Submit if registering to supply products as a Authorized Dealer

⁵ Required if company is a partnership concern

For Office Use Only

Date :

Domestic Vendor ☐

International Vendor ☐

Company Name : _____

Telephone : _____

Registered Address : _____

Fax : _____

Contact Person : _____

Mobile No : _____

Email : _____

Ownership : _____

Evaluated for : _____ *List Products*

_____ *List Products*

_____ *List Products*

Introduced by : _____

Product Testing Required :

If Yes, vendor will bear SGS charges

Frequency of Testing : _____

Lead Time days

Incoterms

Port : _____ Country of Origin : _____

Does the vendor have involvement in other companies (as an owner or employee) already working with Jet Airways group companies ?

If Yes, name the companies : _____

Vendor met on

Date met

Scheduled

Quality Audit Done

Date Visited

Scheduled

Factory Visit Done

Done on

Scheduled

Accounting Group _____ Purchasing Organization _____

Recommendation ☐ Add Now ☐ Relook in 3 months ☐ Relook in 6 months ☐ Relook in 1 Year ☐ Not Suitable, Do not Add

☐ Blacklist _____ *Reason*

Name

Proposed By

Sign

Sign

Date

Name

Manager

Sign

Sign

Date

Name

HOD

Sign

Sign

Date