

**MRPL VENDOR FORM FOR ELECTRONIC FUNDS TRANSFER PAYMENT & TAX DETAILS**

Vendor data - ver-9

**To: GGM – Materials**  
**Mangalore Refinery & Petrochemicals Ltd.,Kuthethoor P.O., via Katipalla,**  
**Mangalore. (Karnataka), Pin Code-575030, INDIA**

The following is a confirmation/ updation of our bank account details and I/we hereby affirm our choice to opt for payment of amounts due to us under various contracts through electronic mode.

**1. Vendor/ Contractor particulars:**

(i)	Name of the Company:	
(ii)	Corporate Identity No. (CIN)	
(iii)	Existing Vendor Code (given by MRPL)	
(iv)	Unique GeM seller ID	
(v)	Complete Postal Address:	
(vi)	Pin code/ ZIP code:	
(vii)	Telephone nos. (with country/area codes):	
(viii)	Fax No.: (with country/area codes):	
(ix)	Cell phone Nos.:	
(x)	Contact persons /Designation:	
(xi)	Email IDs:	

**2. Bank Account Particulars: (Please enclose copy of the cancelled cheque)**

(i)	Name of the Account holder:	
(ii)	Complete Bank Account No. (for Electronic Funds Transfer):	
(iii)	Account type :	
(iv)	Bank Name :	
(v)	Bank Branch:	
(vi)	Bank Branch Contact Nos.:	
(vii)	11 Digit IFS Code (for Bank Branches in India)	
(viii)	Swift Code (for Bank Branches not in India)	

**3. Tax Registration numbers: \*(Please fill in the applicable fields and attach relevant proofs)**

(i)	Income Tax PAN no.:	
(ii)	Vendor type as per GST Act (tick any one)	<input type="checkbox"/> Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> Compounding <input type="checkbox"/> SEZ
(iii)	GST No.:	
(iv)	TAN No.:	
(v)	Registered address as per GST No.	
(vi)	Contact Names, Nos.& email IDs for GST matters (Please mention primary and secondary contacts):	
	Accounts Dept.	1. 2.
	Material Dispatch Dept./ Services Dept.	1. 2.
(vii)	Are you registered under TReDS	No/Yes with RXIL/ A-TREDS/M1xchange 10 digit Reg No-

**4. Organization information (MSMEs refer to Micro, Small and Medium Enterprises Development Act, 2006):**

(i)	Company /Partnership Firm /Proprietary Concern / Society/Trust /NGO/Others (Please Specify):	
(ii)	Whether Proprietor/ Partner belongs to SC/ ST category. (Please specify names and percentage of shares held by SC/ST Partners):	
(iii)	Micro/Small / Medium Enterprise/ SSI/ Govt. Dept./ PSU/ Others:	
(iv)	Name of MSME Registering Body (NSIC/ DIC/ KVIC/KVIB etc.):	
(v)	MSME Registration no. (with copy of registration)	
(vi)	Udyog Aadhaar Memorandum no.	
(vii)	MSME-Women Entrepreneur	No/Yes
(viii)	Start-Up recognized by DIPP, Ministry of Commerce, Govt of India	No/Yes, copy of certificate from DIPP attached

**I/we hereby confirm that the particulars given above are correct and complete and also undertake to advise any future changes to the above details.**

**Name, Seal & Signature of Authorized Signatory for the Vendor with date**

**TO BE FILLED BY AUTHORISED BANKER OF THE VENDOR:**

**Certified that the Particulars as in Sr. No. 2 above are correct as per our records**

**Bank Seal & Signature with date**