

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

**Please use additional copies of this form if your Company has additional Branches/ Divisions dealing with MRPL/ if Material/ Service/ Invoice will be provided from different GST Nos.**

Vendor data - ver-8

**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) Complete Postal Address:	
(v) Pin code/ ZIP code:	
(vi) Telephone nos. (with country/area codes):	
(vii) Fax No.: (with country/area codes):	
(viii) Cell phone Nos.:	
(ix) Contact persons /Designation:	
(x) Email IDs:	

**2. Bank Account Particulars:**

(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) Registered address as per GST No.	
(v) Contact Names, Nos.& email IDs for GST matters (Please mention primary and secondary contacts):	
Accounts Deptt.	1. 2.
Material Dispatch Deptt./ Services Deptt.	1. 2.
(vi) 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. Deptt./ 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**