

Vendor Enrollment Form

All fields are mandatory

To be filled in by Real Touch Employee

1. Name of the Vendor (Firm/Company)- _____
2. Proposed Activities/Role- _____
Product- _____ Department- _____
3. Referred By- _____
4. Name of the reporting manager in Real Touch- _____
5. Recommended by (Real Touch Employee)- _____ Designation- _____

To be filled in by Proposed Vendor

1. Name of the Vendor (Firm/Company)- _____
2. Constitution- Proprietorship Partnership Pvt Ltd Public Ltd HUF
3. PAN of the Firm/Company- _____ GST/CST/Service Tax/VAT No- _____
4. Office Address- _____

Pin Code- _____ Telephone No- 1. _____ 2. _____
 - a. Office Status (Choose one)- Owned Rented Leased
 - b. No of years at the current address- _____
5. Bankers Details
 - a. Name of the Bank- _____
 - b. Branch- _____
 - c. Facility Type and A/c No- _____
6. References (Must be from existing and past associations with Financial Institutions/Banks/ NBFCs)

Name of Organization	Employee or Vendor Code	Reporting Manager	Contact No	Working Period / Product

Details of Proprietor, Partners and Authorized person of company

- Fill in the details of Proprietor, Partners or authorised person of the company.
- All fields are mandatory.
- Please submit this form duly filled, signed & stamped along with Firm/Company profile, latest photo, ID proof, address proof, copy of partnership deed or AOA/MOA, board resolution, list of directors with DIN nos, and cancelled cheque.
- In case of companies, KYCs are also to be given for the person in whose name board resolution is passed.
- Board Resolution should be either signed by CS or two directors of the company.
- For Partnership firms, this sheet is to be filled in for each partner separately.

1. Name of the Authorised person / Partner 1- _____

2. Current Residence Address- _____

Pin Code-_____ Telephone No-_____ Mobile No- _____

a. Residence Status (Choose one)- Owned Rented Leased

b. No of years at the current address- _____

3. Permanent Residence Address- _____

Pin Code-_____ Telephone No-_____ Mobile No- _____

4. Date of Birth-_____ PAN- _____

5. Names of Directors-

Name of Director/Partners	DIN	Mobile No

6. Any relative working with Real Touch group (Y/N)- _____

7. If Yes, Name and position hold by relative- _____

Seal of proposed vendor & Signature of Authorized person

Date- _____

Place- _____

Enclosures-

1. Firm/Company Profile and KYCs
2. KYCs and photo of authorized person/ each partner
3. Copy of BR in case of company
4. Copy of partnership deed or AOA/MOA
5. Cancelled cheque