



Hindustan Inox Ltd.

SUPPLIER REGISTRATION FORM

Section 1: Company Details and General Information

1. Name of Company: (Max. of 34 characters pls.)	
2. Office Address: _____ City: _____ Zip Code: _____ State: _____ Country: _____	3. Contact Person & Title (for communications regarding bids/proposals) _____ _____
4. Tel.: _____ Country code City code Number	5. Fax: _____ Country code City code Number
6. Email:	7. WWW Address:

8. Parent Company (Full legal Name), if any:
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9. Subsidiaries and Overseas Representative(s): State if partially, fully owned or agent and attach a list if necessary.
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10. Type of Business (Mark one only): Corporate / Limited: <input type="checkbox"/> Partnership: <input type="checkbox"/> Other (specify): _____

11. Nature of Business: Manufacturer: <input type="checkbox"/> Authorized Agent: <input type="checkbox"/> Trader: <input type="checkbox"/> Consulting Firm: <input type="checkbox"/> Other (specify): _____ If Trader, Agent or Representative Company, not directly involved in the manufacture of the product, please provide: 1) Certification from your principals that you are authorized to deal with their products or to act on their behalf. 2) A list of business transacted in the last year for the products you wish to register, giving names and address of customers and value of contracts in section 4 item 25.

12. Year Established (Minimum of 3 years establishment required): _____	14. Number of Full-time Employees: _____
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13. License No. (if applicable) / Place - State or Province - where registered (Privately held companies are requested to attach copy of certificate of incorporation, balance sheet and income statement, or copy of income tax statement (US applicants only). Publicly traded companies are required to provide audited financial statement or annual report to shareholders. _____

14. TAX / VAT ID Number: _____

15. Products :

16. List Of suppliers

17.. Recent Contracts with the UN and / or public organization such as national / state / local government and public service organization / department

<u>Organization:</u>	<u>Value:</u>	<u>Year:</u>	<u>Goods / Services Supplied:</u>	<u>Destination:</u>
_____ USD _____	_____	_____	_____	_____
_____ USD _____	_____	_____	_____	_____

18. To which Countries has your Company exported and / or managed Projects over the last 3 Years?

Section 5: Other

19. Please list any current legal disputes in which your company may be involved.

20. List any national or International Trade or Professional Organizations of which your Company is a Member.

21. Acceptance of payment terms and other discounts (Mark all that apply)

Net 30 days: Prompt payment discounts: Other discounts:

Specify discount terms

22. Certification:

I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes details will be provided as soon as possible:

Name

Functional Title

Signature

Date