



INNOVATIVE PORTABLE CABINS

37/1, Kalyan phata, Kalyan shil Road, Near chintamani Hotel Mumbai - 400612

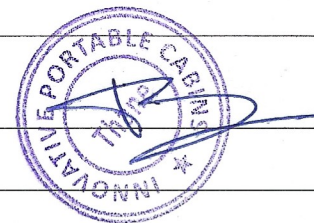
Contact No: 9004111724 / 7039997784



VENDOR REGISTRATION & INFORMATION FORM (VRIF)

FORM NO . KPTL/PU/T6

NAME OF THE VENDOR	INNOVATIVE PORTABLE CABINS		
Item category	Prefabricated portable cabin		
VENDORS ADDRESS & CONTACT DETAILS			
Address of Head Office/Correspondance office	Dubey colony ,2/2 khadegolavli road ,Vitthal mandir ,Vithalwadi ,kalyan East -421306		
Address of Head Office/Correspondance office	City	PIN	State
	Thane	421306	Maharashtra
Contact Detail of Office	Telephone No.	Fax No.	E mail ID
	9004111724		sales@innovativeportablecabins.com
Company Web Site (if any)	www.innovativeportablecabins.com		
Contact Person (s) Details	Name	Mobile	E mail ID
a) Owner/CEO/Director	Owner (Ratnesh Mishra)	9004111724	info@innovativeportablecabins.com
b) Marketing Head	Dinesh mishra	9004388118	sales@innovativeportablecabins.com
c) Marketing Officer	Ratan Mishra	9372944594	sales@innovativeportablecabins.com
ORGANIZATION DETAILS			
Nature of Business (select any of these -Manufacturer, Authorised dealer/Stockist, Trader,service provider)	Manufacturer		
Status of company (select any one Govt/Semi Govt., Public limited, Pvt. Ltd, Owner driven etc)	Owner		
Is your company registered under company's act, if yes provide registration no.	NA		
If your are Manufacturer fill up Annexure "A"also			
If you are Authorised dealer/Stockist mention the Name and address and contact details of the Principal	NA		
If your are traders mention the Name of the all the product and their respective Brands	NA		
If you are service provider, specify brand/make, if any			



Excise details (provide copy of Registration certificates)	ECC No	Excise Division	Excise Registration No.
Sales Tax details - GST details (provide copy of Registration certificates)	Gst no :- 27BACPM8672B1ZO	CST	TIN
PAN & Service Tax (provide copy of Registration certificates)	PAN NO :-BACPM8672B	Service catgory	Service tax Reg. No.
Whether Income Tax cleared(Furnish copy of IT Clearance Certificate)			
Whether Clearance from Pollution Control Board(If applicable, certificate to be enclosed)		no	

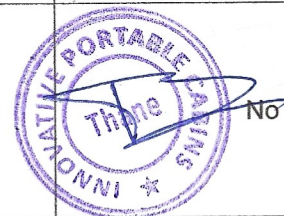
RELATIONSHIP TO GOVERNMENT ORGANIZATION(S) OR PUBLIC OFFICIAL(S)

“Public/ Government official(s)”

It includes a person in any of the following categories:

- o An individual elected or appointed to a legislative or administrative position of any municipality, state, province, country, or territory.
- o Officers and employees of companies under government ownership or control such as state owned banks and hospitals and universities.
- o It includes not only individuals such as elected officials, customs and tax inspectors and government procurement officials, but also the employees of Government department, Municipalities, Government agencies, State-owned enterprises.
- o A political candidate or a political party or party official.
- o Any person acting in an official capacity for a government organization, department, or agency.
- o An officer or employee of a public international organization such as the International Monetary Fund, the European Union and the World Bank, United Nations or the World Trade Organization, or any department or agency of such organization; or a person acting in a public function, including a director, officer or employee or other agent or representative.

To the best of your knowledge, is any key employee with respect to the proposed project and/ or senior management member of your organization a Public Official? If yes, please provide a list of all government offices and positions held. Indicate whether these are appointed or elected positions, and for how long the person concerned held such positions	YES	NO	No
To the best of your knowledge, is any key employee with respect to the proposed project and/ or senior management member of your organization related (by blood, marriage, current or past business association or otherwise) to a Public Official? If yes, please explain. If yes, please describe the relationship between such person(s) and the Public Official(s).	YES	NO	No
To the best of your knowledge, does any Public Official or a member of a Public Official's family have any interest, or stand to benefit in any way, as a result of the agreement? If yes, please explain.	YES	NO	No



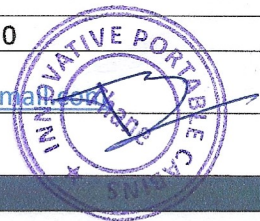
PROCEEDINGS			
Has the organisation or you or any key employee with respect to the proposed project and/ or senior management member of your organization, ever been convicted under any criminal law or any other serious crime in the country where the services will be rendered or in any other country (other than traffic violations)? Are there any legal proceedings of this nature pending? Describe the charges for which the organisation or you or any key employee of your organization have been convicted or have proceedings currently pending, and when did it happen	YES	NO	No

THIRD PARTY CONFIRMATION			
Are you aware of and agree to abide by the provisions of applicable laws, including but not limited to the KPTL ABAC third party declarations and other related laws and regulations referred within, in providing goods and services under the proposed agreement?	YES	NO (if No, provide reason)	No
<p><i>I confirm that, the information furnished above is correct to the best of my knowledge and belief.</i></p> <p>Ratnesh Jaynath Mishra Thane</p> <p style="text-align: right;">(Signature of Proprietor)</p> <p style="text-align: center;">Date: 08/04/2022</p> <p style="text-align: right;">(Seal of Vendor)</p>			

For office use (to be Filled by Kalpataru Ltd.)			
Recon. Account (Account Dept. Should Fill Up)			
Cash Mgmt Group (Account Dept. Should Fill Up)			
Withholding Tax (Account Dept. Should Fill Up)			
Schema Group, Vendor (Account Dept. Should Fill Up)			
Approved for vendor code creation by HOD (Purchase)		Vendor code	



Are you a Small-Scale Industry or MSME?	MSMED		
If yes, please provide registration details	UDYAM-MH-33-0170497		
If no, please fill up the Annexure "B"			
Year of Establishment	2019		
What is the total number of employees in the organization as on date of filling up of the application form?	20 NO		
Whether QMS (ISO: 9001) / EMS (ISO: 14001) /OHSAS 18001 Certified(Certificate to be enclosed) PI see Note 2	ISO:9001		
Other Product/System certifications(Certificate to be enclosed)			
List of Machineries/Tools/Equipments for Production & material handling(Enclose separate list if needed)	Grinder machine, Cutter machine , Compressor machine ,Welding machine ,Drill machine ,Gas cutter		
Testing/Inspection facilities available(Enclose separate list if needed)	YES		
In or from which countries will your organization be providing goods or services to our organization?	INDIA		
Sources of major raw materials	Pipes & tubes , I beam ,CRC Sheet , GI Sheet , MDF Board ,Epoxy paint ,Cement fiber board		
Sources of major imports, if any	no		
FINANCIAL DETAILS			
Annual turnover of last three Year (Rs. In lacs)	FY 1	FY 2	FY 3
	40 lakh	1.27 cr	
CUSTOMERS' DETAILS (For similar nature of products/ services)			
Name and contact of three major customers	Customer 1	Customer 2	Customer 3
Name of customer	TATA Projects	Adani Projects	Shapoor ji pallon ji
Contact person	Mr. Kaushik	Mr. Kaushik Mondal	Mr. Hitendra Patil
Mobile Number	7069002983	9167218109	9833945135
BANK DETAILS			
Name of your organisation as per bank record	INNOVATIVE PORTABLE CABINS		
Name of your Bankers	ICICI BANK		
Branch & Address	DOMBIVLI (West)		
MICR Code	400229124		
RTGS/NEFT IFSC Code	ICIC0001489		
Bank Account No.	Ac no :-148905500410		
Email: (Where information of payment made is to be sent)	innovativeporatblecabins@gmail.com		
(Fill Letter for Direct Payment to Account Annexure "C"			
STATUTORY DETAILS			



(Signature of
Proprietor/Partner/Chief
Executive)

NOTES:

1) In case of multiple GST registrations under the same Vendor name,
kindly fill all details as above for all GST registrations and submit all GST registration certificates

2.Vendors with annual Turnover less than 20 Lakhs fall under exempt category,
accordingly they need to submit declaration in specified format attached herewith.





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ANNEXURE "C" TO VRIF

(Draft of Payment Authorization Letter to be submitted by the vendor to Kalpataru Group Company on his Letter Head)

Date: 08-04-2022

To,
101, Kalpataru Synergy,
Opp. Grand Hyatt,
Santacruz (E),
Mumbai 400055.

Dear Sir/Madam,

Sub: Authorization for payment of bills by RTGS/ NEFT.

We hereby authorize all the entities in the Kalpataru group to directly credit our Bank Account mentioned below with the payment due against our bills for supplies/services rendered by us to all entities in the group and send us the intimation on following email address/Mobile No.:

Our Email Address: sales@innovativeportablecabins.com

Mobile No.: 9004111724

The Details of our Bank account for payment through RTGS/ NEFT are as under:

Name of Bank: ICICI BANK

Branch : Dombivli West

Address : Gopi cine plaza ,ground floor ,Nss Road,Dombivli (West)

MICR Code : 400229124

RTGS/NEFT IFSC Code : ICIC0001489

Bank Account Number : 148905500410

We undertake to

- 1) Inform you for any changes in the aforesaid bank details.
- 2) Refund any wrong/excess payment of money received by us in case of erroneous transfer of funds to our account within 7 days of receipt of intimation from you.
- 3) Inform and refund to you on any excess/erroneous money received by us.

Thanking You

Yours truly,

(Signature of Proprietor/Partner/Chief Executive)

Name in Capital letters

Rubber Seal

(Please attach a copy of cancelled cheque for reference)



Innovative Portable Cabins
Mobile: 9004111724 / 7039997784