

KALPATARU		VENDOR REGISTRATION & INFORMATION FORM (VRIF)		FORM NO.
NAME OF THE VENDOR		PIONEER PRECAST CONCRETE LLC		
Item category		Manufacture and supply of Precast Elements		
VENDORS ADDRESS & CONTACT DETAILS		Mafrag Industrial Area Plot No. -29 , Abu Dhabi - UAE		
Address of Head Office/Correspondance office				
Address of Head Office/Correspondance office		City	PIN	State
		Abu Dhabi	P.O. Box : 73308	Abu Dhabi
Contact Detail of Office		Telephone No.	Fax No.	E mail ID
		02 5828438	02 5828434	ppcllc@eim.ae
Company Web Site (if any)		www.pioneerprecast.com		
Contact Person (s) Details		Name	Mobile	E mail ID
a) Owner/CEO/Director		As per license copy	N/A	ppcllc@eim.ae
b) Marketing Head				
c) Marketing Officer				
ORGANIZATION DETAILS		Manufacture		
Nature of Business (select any of these -Manufacturer, Authorised dealer/Stockist, Trader,service provider)		LLC		
Status of company (select any one Govt/Semi Govt., Public limited, Pvt. Ltd, Owner driven etc)		INDUSTRIAL LICENSE - IN-1001223		
Is your company registered under company's act, if yes provide registration no.		YES		
If your are Manufacturer fill up Annexure "A"also		N/A		
If you are Authorised dealer/Stockist mention the Name and address and contact details of the Principal		N/A		
If you are traders mention the Name of the all the product and their respective Brands		N/A		
If you are service provider, specify brand/make, if any		PRECAST ELEMENTS ONLY		
Are you a Small-Scale Industry Or MSMED		YES		
If yes, please provide registration details		INDUSTRIAL LICENSE - IN-1001223		
If no, please fill up the Annexure "B"		YES		
Year of Establishment		29-05-06		
What is the total number of employees in the organization as on date of filling up of the application form?		350 - Employee		
Whether QMS (ISO: 9001) / EMS (ISO: 14001) /OHSAS 18001 Certified(Certificate to be enclosed) Pl see Note 2		YES		
Other Product/System certifications(Certificate to be enclosed)		YES		
List of Machineries/Tools/Equipments for Production & material handling(Enclose separate list if needed)		ATTACHED		
Testing/Inspection facilities available(Enclose separate list if needed)		AS PER AGREEMENT		
In or from which countries will your organization be providing goods or services to our organization?		UNITED ARAB EMIRATES		
Sources of major raw materials		UAE		
Sources of major imports, if any		N/A		
FINANCIAL DETAILS				
Annual turnover of last three Year (Rs. In lacs)		FY 1	FY 2	FY 3
CUSTOMERS' DETAILS (For similar nature of products/ services)				
Name and contact of three major customers		Customer 1	Customer 2	Customer 3
Name of customer		ADNOC ONSHORE	ADDC	ETIHAD RAIL
Contact person		Confidential	Confidential	Confidential
Mobile Number		Confidential	Confidential	Confidential
BANK DETAILS				
Name of your organisation as per bank record		Pioneer Precast Concrete LLC		
Name of your Bankers		First Abu Dhabi Bank		
Branch & Address		Khalifa Street, FAB One Tower, 14th Floor Business Banking United Arab Emirates		
MICR Code		AE4303510111869782011		
RTGS/NEFT IFSC Code		FGBMAEAA		
Bank Account No.		1011001869782010		
Email: (Where information of payment made is to be sent)		ppcllcuae@gmail.com		
(Fill Letter for Direct Payment to Account Annexure "C"				
STATUTORY DETAILS				
Excise details		ECC No	Excise Division	Excise Registration No.
(provide copy of Registration certificates)				
Sales Tax details - GST details		GST	CST	TIN
(provide copy of Registration certificates)				
PAN & Service Tax		PAN	Service catgory	Service tax Reg. No.
(provide copy of Registration certificates)				100056132200003.00
Whether Income Tax cleared(Furnish copy of IT Clearance Certificate)				
Whether Clearance from Pollution Control Board(If applicable, certificate to be enclosed)				
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?		YES	NO	
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				
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.		YES	NO	
If yes, please describe the relationship between such person(s) and the Public Official(s).				
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	
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?		YES	NO	
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				
THIRD PARTY CONFIRMATION				
Are you aware of and agree to abide by the provisions of applicable laws, including but not limited to the KPPTL 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)	
I confirm that, the information furnished above is correct to the best of my knowledge and belief.				
Name :- Eng. Kumar S.				
Place :- Abu Dhabi - UAE				
Date: / /				
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		



ANNEXURE "B" TO VRIF



(Draft of MSMED Letter to be submitted by the vendor to Kalpataru Group Company on his Letter Head in case he is not Registered)

Date:

To,
The _____

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

Dear Sir/Madam,

Sub: Declaration under Micro, Small and Medium Enterprises Development Act, 2006.

We are not registered micro or small or medium enterprise under the Micro, Small and Medium Enterprises Development Act, 2006.

We shall inform you and submit a copy of the memorandum for your records as and when we make our application for registration to the National Board for Micro, Small and Medium Enterprise.

Thanking You
Yours truly,

(Technical & Commercial Manager)
Eng. Kumar S.



ANNEXURE "C" TO VRIF

KALPATARU

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

Date: 07-02-2023

To,
The MANAGER

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:

Mobile No.:

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

Name of Bank: FIRST ABU DHABI BANK
Branch : ABU DHABI - Khalifa Street Branch
Address : Khalifa Street, FAB One Tower, 14th Floor Business Banking United Arab Emirates
MICR Code : N/A
RTGS/NEFT IFSC Code : AE4303510111869782011
Bank Account Number : 1011001869782010

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,

Eng. Kumar S.
(Technical & Commercial Manager)

(Please attach a copy of cancelled cheque for reference)





Annexure D
DECLARATION FORM

(A) DECLARATION ON EMPLOYMENT OF RELATIVES IN KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES

We, hereby declare that the following employee(s) of Kalpataru group of Companies / or of Competitor Companies / are my relative(s):

Sr.	Employee Code	Name	Designation	Name of Company	Location	Relation

If NO, then please tick on NO No

(B) DECLARATION ON ASSOCIATION IN ANY BUSINESS WITH KALPATARU GROUP OF COMPANIES / COMPETITOR COMPANIES

We hereby also declare and certify that my following relative(s) is/are associated with any type of business or have interest in business with Kalpataru Group of Companies / Competitor Companies.

Sr. No.	Name	Name of Company	Associated with effect from	Type of Business	Location	Relationship

If NO, then please tick on NO No

(Signature of the Supplier Authorized Representative)

Name of Company/ies

Name & Designation of Authorized Signatory

Stamp & Seal of Company



Signature

Place: *Abudhabi, UAE*
Date:

07/02/23

