

**NEW VENDOR CODE CREATION / CHANGE FORM FOR SERVICE**

Rev 7 – 02.03.2017

\* - are mandatory

\*Paste Passport Size Photo  
(Vendor)

1*	Type of Vendor In case of SME attach copy of SME certificate	SME / NON SME- Tick whichever is applicable
2*	NAME OF COMPANY / FIRM OF THE CONTRACTOR	
3	PERIOD OF CONTRACT / BUSINESS WITH WHEELS INDIA LIMITED	
4*	PERMANENT ADDRESS	
	House no	
	Street 1	
	Street 2	
	Street 3	
	District	
	City	
	State	
	Pin code	
	Country	
5	PRESENT ADDRESS (Fill up only if different from Sl.No 4)	
6	Telephone Number	
7	Mobile Number	
8	FAX Number	
9	E MAIL	
10*	GST Registration Number	
11*	Attach Copy of GST certificate	
12*	<a href="#">Have you Registered with Excise</a> <a href="#">If yes give the following details for sl.no 13 to 18</a>	YES / NO
13	ECC NUMBER	
14	EXCISE REGISTRATION NUMBER	
15	EXCISE RANGE	
16	EXCISE DIVISION	
17	EXCISE COMMISSIONERATE	
18	Attach copy of Excise Registration	
19	CST Registration Number	
20	Attach Copy of CST certificate	
21	Local GST REGN NO (TIN No.)	
22	Attach Copy of TIN / Local GST certificate	
23*	PAN NO	
24*	Attach copy of PAN card If Limited company PAN card should be in the name of the company In case of Proprietorship concern Pan card should be in the name of Individual	
25*	SERVICE TAX REGISTRATION NO	
26*	Attach copy of service tax registration	
27	Clearance obtained from Pollution control Board	
28*	TYPE OF VENDOR (Manufacturer / First stage dealer / Second stage dealer)	
29	PF Code / Number	
30	ESI Code / number	

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31	NO. OF EMPLOYEES ENGAGED	
32	NATURE OF JOB	
33	WHERE ARE THEY WORKING ?	
34*	CONSTITUTION - LIMITED COMPANY / PARTNERSHIP / PROPRIETORSHIP	
35*	IF PARTNERSHIP CONCERN WHETHER REGISTERED / NOT REGISTERED	
36	Small Scale Industry Registration Number, if any	
37*	If PARTNERSHIP / PROPRIETORSHIP CONCERN, State their Names	
		a
		b
		c
38*	Is Director/Partner/Proprietor belonging to listed SC/ST category. If so pl. specify. This information is sought as Wheels India has adopted the Confederation of Indian Industry (CII) Code of Conduct for Affirmative Action, to encourage SC/ST service providers for entrepreneurial development	
39*	WHETHER ANY EMPLOYEE OF WHEELS INDIA LIMITED IS RELATED TO ANY PARTNER / DIRECTOR / PROPRIETOR IF SO , PLEASE PROVIDE NAME AND TOKEN NUMBER OF THE EMPLOYEE. EXPLAIN RELATIONSHIP WITH THE EMPLOYEE.	YES / NO
40*	NAME OF THE PERSON WHO WILL BE DEALING WITH WHEELS INDIA LIMITED FOR TECHNICAL SUPPORT , QUOTATION,DELIVERY NOTE IF ANY AND BILLING.	
	I / We declare that the data furnished above is true and correct to the best of my / our knowledge. Should there be any change in the details mentioned above I / We take responsibility in providing information in writing to Wheels India immediately	
	Name 1:	Signature 1:
	Name 2:	Signature 2:
	Name 3:	Signature 3:
	COMPANY SEAL WITH DATE	
<b>FOR WHEELS INDIA USE ONLY</b>		
<b>DETAIL TO BE PROVIDED BY ACCOUNTS DEPT</b>		
41*	Reconciliation account ( Tick whichever is applicable)	103000 / 103001
42*	Payment method (eg. Cheque, Bank transfer or bill of exchange)	
43	With holding tax country	INDIA
44*	With holding tax type	194C / 194J / 194H
45*	With holding tax code (Specify Tax percentage)	
46*	With holding tax receipt type ( Tick Company - CO / Others - OT)	CO / OT
<b>DETAIL TO BE PROVIDED BY PURCHASE</b>		
47	Payment terms (45 days will be created as default if not specified)	
<b>DETAIL TO BE PROVIDED BY USER</b>		
48	Pl. enclose copy of Excise Registration	
49	Whether the party belongs to SME? If it is so, pl. provide SME certificate copy.	
50	Please enclose PAN card copy If Limited company PAN card should be in the name of the company In case of Proprietorship concern Pan card should be in the name of Individual	
51	Pl. enclose copy of service tax registration	
Indenting Dept HOD / HR Dept / Accounts Dept / Purchase Dept / Excise Dept		