

## BASIC DOCUMENT – II

### ISES 2020

# COMPANY PROFILE - SUPPLIER

Business Card:

1.	COMPANY DETAILS AND GENERAL INFORMATION		
Name of Company			
Street			
City			
State		Pin Code	
Country			
Telephone		Fax	
E-mail Address			
Website			

2.	DETAILS OF CONTACT PERSONS		
(i)			
Name			
Designation			
Contact No.		Email id	
(ii)			
Name			
Designation			
Contact No.		Email id	

(iii)			
Name			
Designation			
Contact No.		Email id	

<b>3.</b>	<b>LEGAL STRUCTURE</b>		
Date of Establishment			
Legal Status			
Type of Company	State Owned	<input type="checkbox"/>	
	Public Private	<input type="checkbox"/>	
	Partnership	<input type="checkbox"/>	
	Private	<input type="checkbox"/>	
	Others	_____	
Type of Business	Agent	<input type="checkbox"/>	
	Exporter	<input type="checkbox"/>	
	Manufacturer	<input type="checkbox"/>	
	Other	_____	
Languages Spoken in Company			

<b>4. DETAILS OF MAJOR PRODUCTS</b>			
Products	Total Annual Production	Quantity Exported	Annual Export Capacity

<b>5. GROSS ANNUAL PRODUCTION AND SALES OF LAST THREE YEARS</b>				
Year	Year 1 (yyyy)	Year 2 (yyyy)	Year 3 (yyyy)	Current year (estimated)
Domestic in INR				
Export in INR				

<b>6. LIST OF SUPPLIERS / SUB-SUPPLIERS</b>					
S. No.	Name/Location of unit	Address of the unit	Contact Person	Contact Person's Details	Type of Unit
1.					
2.					

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3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

<b>7.</b>	<b>INTERNATIONAL BUYERS OF THE PRODUCTS</b>	
S. No.	Name of Company	Contact Details
i		
ii		
iii		
iv		
v		
vi		

8.	<b>EMPLOYMENT STRENGTH</b>		
	Number		Number
Employees Total			
Female Employees		➤ Pregnant / Maternity Leave	/
Children below minimum age		➤ Apprentices	
Young Employees .....< 18		➤ Apprentices	
Wage Earner		Disabled Persons	
– Monthly Rate		Migrant Workers	
– Daily Rate		Employee on probation	
– Hourly rate		Odd Jobber	
– Piece Rate		Home workers	

9.	<b>PRODUCTION STRUCTURE</b>		
Department	(01)		(02)
Number of employees			
Department	(03)		(04)
Number of employees			
Department	(05)		(06)
Number of employees			

10.	<b>WORKING SHIFTS</b>		
How many shifts does the company run?			
	Shift 1	Shift 2	Shift 3
Timing of Shifts			
Number of Employees			

**11. SUPPORTING DOCUMENTATIONS**

(i) Deed of operation:

- Partnership deed.
- Certificate of incorporation.
- Memorandum of association
- Article of association

(ii) Registration certificate enclosed:

- PAN (permanent Account Number)
- Sales tax registration certificate
- Excise & Custom registration certificate

(iii) Annual account for last three years (balance sheet, profit and loss account)

**12. DECLARATION**

I, the undersigned, hereby declare that the information submitted by me /us is true, correct and complete to the best of my knowledge & belief and in the event of changes details will be provided as soon as possible.

Name: .....

Title/Designation: .....

Signature: .....

Date: ..... Place: .....

**Note:**

1. KINDLY NUMBER OR CODIFY THE EXTRA SHEETS & ANNEXURES & ENSURE THAT THE DOCUMENTS ARE LINKED PROPERLY ACCORDING TO SL.NOS. IN THIS PROFORMA.
2. WHEREVER SPACE IS INAQUATE ATTACH EXTRA SHEETS WITH PROPER LINKING.
3. ALL SHEETS OF THIS FORM AS WELL AS EXTRA SHEETS & ANNEXURES MUST BE SIGNED AND STAMP BY THE DECLARER.