

MADRAS FERTILIZERS LTD
MANALI
CHENNAI – 600 068



APPLICATION FORM FOR
VENDOR REGISTRATION

QCP – PUR – R – 08

VENDOR CODE	ITEM CODE

1. VENDOR NAME :

2. Office address with telephone telex/ :
fax no., Contactg person and
designation

3. Location of the factory with full
address :

4. Private / public / joint sector
ISO 9000 certified organization :

5. Manufacturer / authorised
distributor / authorized dealer :

6. Products Manufactured / Supplied :

7. Production / supply capacity :

8. Raw material source :

9. Details of machineries
available :

10. Inspection / testing facilities :

11. List of existing customers
(Indicate ISO 9000 certified
organizations separately) :

12. Certificate for performance/
quality from the customers :

- 13. Name of Banker : _____
- 14. Local Sales Tax No. : _____
- 15. Central Sales Tax Registration No. : _____
- 16. Registration under SSI or NSIC : _____

LIST OF ENCLOSURES

- a. SSI/NSIC certificate copy
- b. Copies of orders executed by the Vendor pertaining to the last two years
- c. Copy of certificate after performance of quality / delivery from the customers
- d. Product catalogue
- e. Copies of approval obtained from Inspection Agencies such as ISI / Lloyds/EIL, etc.
- f. Authorisation from Principals for dealership / distributorship

Date:	SIGNATURE: NAME : VENDOR'S SEAL
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ISSUE OF VENDOR REGISTRATION FORM DOES NOT MEAN AUTOMATIC REGISTRATION. REGISTRATION SHALL BE DONE, AFTER DUE CONSIDERATION OF MFL'S REQUIRMEMENT, AT THE APPROPRIATE TIME.

TO BE FILLED IN BY MFL

Registration form sent to vendor on _____ :

Completed registration form received from the vendor on _____ :

Discussion held (if any) by user Dept. / Materials Management : Date :
: By :

Details of evaluation by user Dept. _____ :

- 1. Supplier's capability _____ :
- 2. Sample analysis _____ :
- 3. ISO Certified _____ :
- 4. Existing customers' certification _____ :

TRIAL ORDER PROCESSING

Initiated	Recommended	Trial order Ref:
Signature	Signature	
Name:	Name:	
Dept:	User Dept:	

APPROVAL FOR VENDOR REGISTRATION

Trial order	Trial order performance	Regular order
Signature :	Signature	Signature
Name	Name	Name
Date: Manager-Matls	Date: Purchase Officer	Date: Manager-Matls

Vendor Master updated
PA/PO DATE:

