



VENDOR REGISTRATION FORM (VRF)

INDUSTRIAL PLOT NO.:11, AREA III, NAGAVALLI AMMAN KOIL STREET, MARAIMALAI NAGAR,
CHENGALPATTU - DISTRICT TAMILNADU - 603209, INDIA PHONE : +91 44 27453333 / 32 Email: admin@saryam.com

Registration No. (to be filled by Saryam) :	Date:
Name of the Supplier :	
Address :	
Name of the Contact Person :	
Telephone No. :	
Director / Proprietor Name :	
Telephone No. Of Director / Proprietor :	
Email ID :	
Website Name :	

STATUTORY DETAILS

VAT No.	CST No.	Service Tax No.	PAN No.
Manufacturers / Dealers :			
Product Details :			

BANK DETAILS

Name of the Bank	Branch	A/c. No.	IFSC Code
Payment Terms :			
Seal & Signature of the Vendor	Approved By (to be signed by Saryam)		
	Purchase Dept	Accounts Dept	Director's Signature

Remarks: