

VENDOR REGISTRATION FORM

CATEGORY APPLIED FOR: (Name of Services or Supplies)	
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Company Name:	
Company Address:	
Contact Person Name & Designation:	
Contact Address:	
Owner's Name:	
Telephone No:	
Email Address:	

Firm Registration Date:
VAT NO:
Number of Employees:
Total Turnover of Last Fiscal Year:

EXPERIENCE			
Name of Client	Nature of Work (Goods/ Service Supplied)	Transaction Value	Fiscal year

Banking Information

Bank Name:

Account Holder Name:

Branch Address:

Account Number:

Declarations

I, Hereby declare that all the above information is true to the best of my knowledge and belief. eSewa Private Limited has permission to verify any information provided as necessary. I fully understand that it is unlawful to knowingly make any false statement or representation on this registration form.

Signature:

Name:

Designation:

Stamp:

Date: