

MADRAS FERTILIZERS LTD  
MANALI  
CHENNAI – 600 068



APPLICATION FORM FOR  
VENDOR REGISTRATION

## QCP – PUR – R – 08

VENDOR CODE	ITEM CODE

1. VENDOR NAME :

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

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3. Location of the factory with full  
address :

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

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5. Manufacturer / authorised  
distributor / authorized dealer :

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6. Products Manufactured / Supplied :

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7. Production / supply capacity :

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8. Raw material source :

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9. Details of machineries  
available :

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10. Inspection / testing facilities :

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

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12. Certificate for performance/  
quality from the customers :

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- 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**

<b>Trial order</b>	<b>Trial order performance</b>	<b>Regular order</b>
Signature :	Signature	Signature
Name	Name	Name
Date: Manager-Matls	Date: Purchase Officer	Date: Manager-Matls

Vendor Master updated
PA/PO            DATE:

