

# ENVIROGEO®

## DISTRIBUTER / SUB-CONTRACTOR REGISTRATION FORM

<b>FOR OFFICE USE ONLY</b>			<b>VENDOR CODE</b>
<b>Received by</b>	<b>Evaluated by (Team Members)</b>	<b>Approved / Not Approved</b>	<b>Code Allotted / Not Allotted</b>

### **\*IMPORTANT INSTRUCTIONS FOR FILLING THE FORM**

- 1) The form is to be completed in all respects. If any field is not relevant, please write 'Not Applicable'.
- 2) Submission of incomplete Form / Short receipt of documents shall be sufficient cause for outright rejection and no further correspondence shall be entertained.
- 3) Physical verification of facilities as well as statements made/submitted will be carried out as necessary. False information, if any, will make the registration liable to be cancelled.
- 4) Enclose all relevant documents self attested for statutory compliance (mandatory).
- 5) Do not enclose any other document unless specifically asked for.
- 6) Each page of the form to be duly signed and stamped at the bottom by authorized signatory.
- 7) The form should be filled up manually in Capital Letters. Use separate white sheets to fill data where space provided is not sufficient.

## **SECTION – 1 SERVICES OFFERED FOR**

**Please specify your core-strengths/experience under above:**

**Please specify miscellaneous works:**

**SECTION-2: SUB-CONTRACTOR / DISTRIBUTOR INFORMATION:** Use this section to indicate your company name, addresses, primary telephone number, after hours telephone number, facsimile number, email address (confirmation and notification purposes), website address and contact name.

Name of the Company: \_\_\_\_\_  
(Full legal name)

Parent Company (if any) \_\_\_\_\_

Year of establishment: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Telephone No. with STD Code \_\_\_\_\_ Mobile \_\_\_\_\_

Fax Number: \_\_\_\_\_ STD Code \_\_\_\_\_

Contact person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

**SECTION 3: TYPE OF ORGANIZATION** – Please check all applicable.

Sole Proprietorship (one individual owner) : \_\_\_\_\_

Partnership : \_\_\_\_\_

SSI : \_\_\_\_\_

Private Limited Company : \_\_\_\_\_

Public Limited Company : \_\_\_\_\_

Other (specify) : \_\_\_\_\_

Dealer / Distributor : \_\_\_\_\_

Local Agent : \_\_\_\_\_

Importer : \_\_\_\_\_

Trader : \_\_\_\_\_

Manufacturer : \_\_\_\_\_

Contractor : \_\_\_\_\_

Consultant : \_\_\_\_\_

**SECTOR – 4: OWNER'S NAME** – If applicant is a firm, partnership or association, provide the full name and title of each member. If applicant is a corporation, provide the full name and designations. Attach additional sheets, if necessary.

Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:

**SECTION – 5: ANNUAL TURNOVER** - Use this section to indicate the business volume (Rs. In Lacs) segment wise for last 5 years. Please provide proof of turn-over for last five-years (certified balance sheet and Income tax returns)

<b>Business Segment</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
Company as whole					
Contracts					

**SECTION – 6 EMPLOYEES** – Use this section to indicate the size of the organization

**6. A – Category of Employees**

<b>Category of Employees</b>	<b>Total Strength</b>	<b>Utility Services</b>
Graduate Engineers Technical Permanent Temporary		
Non-Technical Permanent Temporary		

## 6. B – Capacity of Mobilisation of Manpower

Within 15 days notice

Category	Total Strength
Skilled	
Semi-skilled	
Unskilled	

Within 30 days notice

Category	Total Strength
Skilled	
Semi-skilled	
Unskilled	

**SECTION – 7 BANKING INFORMATION** – Solvency Certificate issued by the bank in current final years is to be attached. Use additional sheets if required.

### 7. A) Details of facilities sanctioned by Banks: (Rs.in Lacs)

Fund Based \_\_\_\_\_

Non-Fund Based \_\_\_\_\_

L/C \_\_\_\_\_

Bills Discount \_\_\_\_\_

### 7. B) Details of Banks

Name of Bank: \_\_\_\_\_

Account Manager \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Telephone No. with STD Code: \_\_\_\_\_

Fax Number: STD Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION – 8: ASSOCIATE FIRMS** – Use this section to list the associated firms and their details

Name of the firm	Business Segment	Turnover during 2009-10 (Lakhs)
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**SECTION – 9: LITIGATION**

Is your organization currently involved in any litigation?

If yes, please provide details

**SECTION – 10: QUALITY MANAGEMENT SYSTEM / ERP**

Whether ISO 9000 Certified? \_\_\_\_\_

Details of organization chart for Quality Assurance (to be provided as an attachment)

Do you have ERP System?

If yes, provide the details

**SECTION – 11: SUB-CONTRACTOR / DISTRIBUTOR OCCUPATIONAL LICENSE INFORMATION** – use this section to indicate various license numbers for the business. Please attach copies of the registration certificates.

Company Registration No: \_\_\_\_\_

Excise Duty Registration No. \_\_\_\_\_

Work Contract Tax Registration No. \_\_\_\_\_

Permanent Account No. \_\_\_\_\_

CST Registration No. \_\_\_\_\_

Service Tax Registration No. \_\_\_\_\_

VAT Registration No. \_\_\_\_\_

ESI Registration No. \_\_\_\_\_

PF Registration No. \_\_\_\_\_

Labour License No. \_\_\_\_\_

**SECTION – 12: MAJOR CUSTOMERS** – Use this section to list the major customers served in last 5 years (use separate sheets if required)

Name of the Customer	Details of Services Provided

**SECTION – 13: MAJOR ORDERS** – Use this section to list the major orders executed in the last 5 years (use separate sheets if required). Provide three work-order copies where core-strength/ experience is projected.

Description of Services	Qty.	Order Value (Rs. In Lacs)	Month & Year	Duration of completion

**SECTION – 14:**

14. A) **INFRASTRUCTURE FACILITIES** – Use this section to list the infrastructure facilities and testing equipments available (use separate sheets if required)

List of Infrastructure facilities	Qty.	List of Test facilities	Qty.

14. B) **LIST OF EQUIPMENTS & MACHINERY** – Use this section to list the equipments & machinery stating the ownership of the same and also submit the relevant copies of documents showing the ownership of the equipments.

List of Equipment	Qty.	Nature of Ownership Own / Hire / Hypothecation



## **SECTION – 15: SUB-CONTRACTOR / DISTRIBUTOR’S STATEMENT**

We hereby certify that the information contained in this form is complete and accurate.

We understand that this information will be used to register this company with M/s Enviro Geosynthetics P.Ltd (EGPL) and Enviro Group. We also understand that registration in this system does not guarantee the availability or award of work and hereby waive all claims resulting from errors and omissions.

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Position : \_\_\_\_\_

Date : \_\_\_\_\_

Stamp of Company

Signature of Proprietor/Partner/Chief Executive

\_\_\_\_\_  
Name: (in capital letters)

\_\_\_\_\_  
Place: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

### **Note:**

All the sections must be properly completed as applicable to avoid unnecessary delay in your registration process.

Please provide **EGPL** with any updates and/or changes regarding your company. They must be submitted in written form, on company letterhead via e-mail at **admin@envirogeo.com** or fax at: **+91 124 4050617**

Please email the scanned completed form to **admin@envirogeo.com** OR send printed forms duly filled along with attachments to Manager Admin ( Distribution & Sub-contracting) , Enviro Geosynthetics P Ltd, 1401-1410, Dlf Galleria, Dlf City, Phase-4, Gurgaon-122002

### **CheckList of Key Documents to be attached:**

1	Proof of Turnover - As per section 5 & section 8
2	Solvency certificate from Bank - As per section 7
3	Statutory / Registration Certificates - As per section 11
4	Major Orders / Workorder copies - As per section 13