

<p align="center">STATE BANK OPERATIONS SUPPORT SERVICES PRIVATE LIMITED CIN: U74999DL2022PTC402375 Regd. Office: 2 Floor, NBCC Place, South Wing, Bhisham Pitamah Marg, Pragati Vihar, Lodhi Road, New Delhi – 110003 Email: dgm.ni@sbi.co.in ☐ Telephone No.: 011-24309745, PAN-ABJCS0628K</p>		
<u>Vendor Registration Form</u>		
A	General Details	
1	Organization Name	
2	Address of Correspondence	
	Address1	
	Address2	
	Address3	
	City	
	Pincode	
	State	
	Country	
4	Contact Details	
	Telephone Number	
	Fax Number	
	Email ID	
5	Website (If any)	
6	Year of Establishment	
7	Contact Person Details	
	Name & Designation	
	Mobile Number	
	Land Line Number	
	Email ID	
8	Type of Organization - (Pvt Ltd /Public Ltd /Proprietorship /Partnership /PSU-State /PSU-Central /Co-operative /NGO /MNC /Others)	
9	In case of Proprietorship business- Name of Proprietor	
10	Nature Of Business	
11	MSME Registration No if applicable	
12	PAN Number	
13	TAN Number	
B	GST Details	
1	GST Status of Organisation	
2	<u>GST Registration Number of vendor's branch from where Supply & billing will be done</u>	
	GST Number 1	
	GST Number 2	
	GST Number 3	
3	Major Product/Service sold alongwith its HSN number	
4	Whether Turnover during previous year exceeds Rs. 100 Cr & whether E-invoicing applicable ?	

	Please attach the copy of PAN Card and GST Registration Certificate. (Mandatory)	
C	Bank Details	
1	Bank Name	
2	Bank Account Number	
3	Bank Branch Name	
4	Branch IFSC Code	
	Please attach the copy of cancelled cheque or Bank certified letter for confirmation of Bank Details. (Mandatory)	
D	Certification by vendor:	
	I, the undersigned, warrant that the information provided in this form is correct, and in the event of any changes, the details will be provided to you as soon as possible.	
	Name:	
	Designation :	
	Signature along with seal:	
	Date :	
E	For Internal Use-SBOSS	
	Name of Department :-	
	HOD	
	Signature of HOD	
	Date of Approval	