



BALMER LAWRIE & CO. LTD.
Logistics Services
SNNRA-17, SIVADA TOWER
IST FLOOR, PETTAH PO
TRIVANDRUM - 695024
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NOTICE NO: BL/TVM/VENDOR/17-18/44

DATE: 21/03/2018

Enquiry for

VENDOR REGISTRATION

DUE DATE & TIME: 20/04/2018 upto 4.00 PM

APPLICATION FOR VENDOR REGISTRATION

AT

LOGISTICS SERVICES - TRIVANDRUM

1. Applications are invited for registration of vendor at Logistics Division , Trivandrum for a period of Three years for supply of different type / categories of services as as below.
2. Your filled application duly signed along with covering letter and super scribed as "APPLICATION FOR VENDOR REGISTRATION "should reach the office within the due date as prescribed in Tender.
3. If you are supplying /serving multiple service, please give separate application for each category.
4. The company reserves the right to accept / reject any application form without assigning any reasons whatsoever.

Branch Manager

ANNEXURE

| Sl.No | Category | Description |
|-------|----------|---|
| 1 | BL/LS/01 | CHA SERVICES (FOR AIR AND SEA) |
| 2 | BL/LS/02 | Transport contractors for Local movement of materials within Kerala State in AUTO/CANTER/LCV/TEMPO/ Truck / Trailer |
| 3 | BL/LS/03 | Transport contractors for movement of materials within the state/ Interstate in 20FT AND 40 FT TRAILORS, MULTI AXLE TRAILORS, LOW BED TRAILORS, etc., |
| 4 | BL/LS/04 | Transport contractors Interstate movement of LCV Tempo / Canter / Standard Truck / Trailors |
| 5 | BL/LS/05 | Transport Contractors for state/ Interstate movement of |
| 6 | BL/LS/06 | Freight Forwarders for Export of Cargo from Trivandrum Airport To Various destinations in India/ abroad |
| 7 | BL/LS/07 | Courier service providers for domestic movement (letters/parcels) |

Note: If required you may enclose separate sheet for details. Please mention your area of interest from the above categories.

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Logistics Services
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1ST FLOOR, PETTAH PO
TRIVANDRUM - 695024

APPLICATION FOR VENDOR REGISTRATION

| | | | | | | |
|----|---|--|---|--------------------------------------|--|---|
| 1 | Name of the Firm | | | | | |
| 2 | Type of Firm (Pl tick) | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Pvt. Ltd | <input type="checkbox"/> Public Ltd | <input type="checkbox"/> Govt/ Public Sector |
| 3 | Complete Address | | | | | |
| 4 | Name of Key Person/s | | | | | |
| | Phone Number | | | | | |
| | Mobile Number | | | | | |
| | E-Mail Id | | | | | |
| 5 | Nature of work for which registration is sought (Please mention the Job code mentioned against various Supply/ Service items.) | | | | | |
| 6 | PAN/ TAN Number* | | | | | |
| 7 | GST Registration number* | | | | | |
| 8 | PF Registration Number* | | | | | |
| 9 | ESI Registration number* | | | | | |
| 10 | Manufacture/ Trade Registration License Number* | | | | | |
| | Banker's Name | | | | | |

| | | | | | |
|----|---|----------------------------|----------------|----------------|----------------|
| 11 | Branch Address | | | | |
| | Account Number | | | | |
| | IFSC Code | | | | |
| 12 | Turnover details of last 3 Financial year:* | Financial Year | 2014-15 | 2015-16 | 2016-17 |
| | | Turnover (In Rs. Lakhs) | | | |
| | | PAT (In Rs. Lakhs) | | | |
| 13 | Total experience in the specified area (in years) | | | | |
| 14 | Work Experience:* | | | | |
| | Credentials from Major Customers with Order value | | | | |
| 15 | Particulars of Interested Party like Plant & Machinery, Manpower etc. | | | | |
| 16 | Registered under MSMED/NSIC Act. If yes provide details* | | | | |
| 17 | Whether certified under ISO or any other Safety/ environmental Standards* | | | | |
| 18 | Details of Registration with any other Organisation* | | | | |
| 19 | Whether associated with any other PSU/ Govt. Sector. If yes please provide details* | | | | |

| | | |
|----|-------------------------------------|--|
| 20 | Special Strength of the Party | |
| 21 | Other Firms/ Companies of the Group | |
| 22 | References | |

| | |
|----------------------------------|--|
| Name of the Authorised Signatory | |
| Signature | |
| Place | |
| Date | |
| Office Seal | |

*** Please provide documentary evidences in support of the information provided above.**