ANNEXURE-A

(To be filled in full and to be submitted on company letterhead)

Company profile and other information

To,

The Executive Director (IT/DT),

Life Insurance Corporation Of India

Central Office, IT Dept, 2nd Floor,		
Jeevan Seva Annexe, S.V. Road,		
Santacruz (West), Mumbai 400 054		
Sub- Spot Quote for Supply, Installation, Integration, Commission		
Network Switches and Routers Ref: LIC/CO/IT-BPR/Network/Spot	C/DC-DK dated 20.09.2024	
A. Company Details:-		
A. company betails		
Name of the company:		
Nume of the company.		
Type of the Company		
Type of the Company		
Govt/PSU/Pub.L td/Pvt Ltd/JVetc.]		
Registered Address		
GST registration number and date of registration		
Year of Incorporation		
In the network integration in India business since		
Address for communication :		
Official Web Site (URL) :		

I certify that the above mentioned information and the relevant annexure and enclosures are true and correct. SIGNATURE Authorized Signatory Name: Designation: Mobile No.: Date: E-mail ID: FAX No.	Contact persons details :	<u>First Person:</u>	
Name: Designation: Phone (O): Fax (O): Fax (O): Fax (O): Mobile No.: E-mail ID: Any other relevant information bidder would like to submit, which is not covered in the above points: I certify that the above mentioned information and the relevant annexure and enclosures are true and correct. SIGNATURE Authorized Signatory Name: Designation: Mobile No.: E-mail ID: FAX No.	 Designation: Phone (O): Fax (O): Mobile No.: 		
which is not covered in the above points: lote - Bidder needs to submit the Certificate of incorporation/registration and valid GST registration certificate I certify that the above mentioned information and the relevant annexure and enclosures are true and correct. SIGNATURE Authorized Signatory Name: Designation: Mobile No.: Date: E-mail ID: FAX No.	 Designation: Phone (O): Fax (O): Mobile No.: 	Second Person:	
I certify that the above mentioned information and the relevant annexure and enclosures are true and correct. SIGNATURE Authorized Signatory Name: Designation: Mobile No.: Date: E-mail ID: FAX No.		,	
Authorized Signatory Name: Designation: Mobile No.: E-mail ID: FAX No.	Note - Bidder needs to submit the Certificate of incorporation/registration and valid GST registration certificate I certify that the above mentioned information and the relevant annexure and enclosures are true and correct.		
Name: Designation: Mobile No.: E-mail ID: FAX No.		SIGNATURE	
Designation: Mobile No.: E-mail ID: FAX No.		Authorized Signatory	
Mobile No. : E-mail ID : FAX No.		Name:	
Date : E-mail ID : FAX No.		Designation:	
FAX No.		Mobile No. :	
	Date:		
Otticial Coal at the company	Official Seal of the company	FAX No.	