## **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 Installation, Commissioning and Maintenance of Two Video Conferencing systems Ref: LIC/Co/IT-BPR/Network/Spot/VC/01 dated 07.02.2025

## A. Company Details:-

| Name of the company:                             |  |
|--|--|
|  |  |
| Type of the Company<br>[                         |  |
| Govt/PSU/Pub.L                                   |  |
| td/Pvt Ltd/JVetc.]                               |  |
| Registered Address                               |  |
|  |  |
|  |  |
|  |  |
| GST registration number and date of registration |  |
| Year of Incorporation                            |  |
| In the Video Conferencing business since         |  |
| Address for communication :                      |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Official Web Site (URL) :                        |  |
|  |  |

| Contact persons details :<br>Name:<br>Designation:<br>Phone (O):<br>Fax (O):<br>Mobile No.:<br>E-mail ID:                      | First Person:  |
|--|----------------|
| <ul> <li>Name:</li> <li>Designation:</li> <li>Phone (O):</li> <li>Fax (O):</li> <li>Mobile No.:</li> <li>E-mail ID:</li> </ul> | Second Person: |
| Any other relevant information bidder would like to submit,<br>which is not covered in the above points :                      |                |

## 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.

SIGNATURE

Authorized Signatory

Name: Designation: Mobile No. : E-mail ID : FAX No.

Date :

Official Seal of the company