

Life Insurance Corporation of India**Eastern Zonal Office**

Application for Empanelment of Vendors for refilling of Fire Extinguishers

Details of the Firm		
1.	Name of Firm (In Block Letter)	
2.	Date of Establishment/Incorporation	
3.	Correspondence Address and Telephone No.	
4.	Address of Head Office (if separate) and Telephone No.	
5.	E-mail ID:	
6.	Status: Whether Partnership/Private Limited Company/ Proprietorship Company etc.	
7.	Names of the Partners/Directors:	
8.	Name of Chief Executive (CEO) with his present address & phone Number:	
9.	Name and Designation of Representative(s) who would be calling on us and attending of our jobs	
10.	Bank Details	Bank Name:
		Bank Address:
		Bank Account No.:
		IFS Code:
11.	Is the firm registered under the factories Act?	
	If yes, state License No.	
	License Valid up to (enclose a copy)	
12.	PAN No. (enclose a copy)	
13.	ESIS No. (enclose a copy)	
14.	GST Registration details (enclose a copy)	
15.	EPF No. (enclose a copy)	
16.	Whether holding certificate under Shops & Establishment Act, duly renewed. (Copy should be enclosed.)	
17.	State the latest Income Tax Assessed year and the amount of Tax assessed (attested copies of last three years, IT Returns, Balance Sheets and Revenue A/c to be enclosed)	A.Y.
		Amount Tax assessed:
18.	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts?	

19.	Names of the Offices of the LIC whose Fire Extinguishers refilling work you have done during the last 3 years. (Brief details of jobs done to be given)	
20.	Name, Address and Tel. No. of three of your most valued clients	
21.	Are you an MSME? (If yes, enclose certificate)	
22.	Turnover last 3 years	
23.	Mention other Specialties of your establishment, if any.	

Note: Please type this form or fill it legibly in ink. If Space provided is insufficient, please type or write the replies on a separate sheet giving appropriate question number and attach it to the form.