भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
THRISSUR DIVISION

	QUESTIONNAIRE FOR EMPANELMENT OF FURNITURE DEALERS **ANNEXURE "A 4"**	
1	Name of the Furniture Dealer (in Block Letters)	
2	Date of Establishment / Incorporation	
3	Address and Telephone No.	
4	Address of Office (if separate) and Telephone No. E-mail Id	
5	Status : Proprietary /Partnership / Private Limited Company / Public Limited Company	
6	Name of the Partners / Directors	
7	Name of the Chief Executive with his present address and Telephone Nos.	
8	Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs and his /their mobile numbers	
9	Name of Bankers with address & telephone Nos.	
10	Is the Furniture Mart registered under the Shops & Establishments Act? If so, state a) License No. b) Date of Last Renewal of license Copy of the license to be enclosed) c) EPF Registration No. if any d) TIN No. e) PAN No. ESlS No., if any	
11	State the latest Income Tax Assessed year and the amount of Tax Assessed(Copies of last 3 years IT Returns, Balance Sheets & Revenue A/c to be enclosed)	

12	List of Offices where you have been empanelled (LIC & other public sector or Govt of India)		
13	Are you agreeable to make deliveries to Corporation's offices within and out of Thrissur, which includes the districts of Palakkad & Malappuram when so directed?		
14	Are you agreeable to abide strictly by the Terms and Conditions of'the Tenders and Contracts.		
15	Show room area occupied by the furniture mart.		
16	Names of the offices of the LIC whosewhere you have supplied furniture during the last 3 years		
17	Name, addresses and Telephone Nos., of atleast three of your most valued clients		

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.

I/We _____ request Life Insurance Corporation of India, Divisional Office, Thrissur, to consider inclusion of my /our name in the list of your approved Furniture Dealers. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved list of Furniture dealers.

Signature with Seal

Dated : Name, Desigination

Note : The Corporation reserves, the right to cancel the name of the Printer from its approved lists at its absolute discretion without assigning any reason .