# QUESTIONNAIRE FOR STATIONERY ITEMS

## GENERAL INFORMATION

1) Name of the Stationer (In Block Letters) :

2) Date of Establishment / Incorporation :

3) Address and Telephone No. :

4) Address of Office (If Separate) and Telephone No. :

5) Status : Whether Sole Proprietorship/ Partnership/ Private Limited Company / Public Limited Company :

6) Names of the Partners /Directors :

7) Name of Chief Executive with his present addresses 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 nos. :

9) Name of Bankers with addresses & telephone nos. :

10) Is the company registered Under the Companies Act? :

If so, state –

(a) Licence No. :

(b) Date of Last renewal of licence :

Copy of the licence to be enclosed

( c ) PAN No. :

( d ) ESIS No., If any :

( e ) EPF Registration No. if any :

(f) GST Number :

11) Whether holding certificate under shops & establishment act, duly renewed. Copy should be enclosed :

---

12) State the latest Income Tax Assessed year and the amount of Tax assessed
Copies of last 3 years IT Returns, :

---

13) Are you agreeable to make deliveries to Corporation's offices within Chennai when so directed? :

---

14) Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts. (copies annexed) :

---

15) Area occupied by the company (Building only) :

---

16) Total Numbers Employees : Permanent_____
Temporary_____

---

17) Number of shifts you work normally :

---

18) Names of the offices of the LIC where supply of stationery items have been undertaken during the last 3 years. Mention only those offices for whom you have done sizable jobs or have done constant work.
( Details of sizable supply made to be given) :

---

19) Name, Addresses and Telephone Nos. of atleast three of your most valued clients :

---

20) Approximate Sales per year
Balance Sheets & Revenue A/c to be Enclosed :

21) Do you undertake manufacture of :

a) Office Files

b) Stickers

22) Mention any other specialties of your Establishment :

23) Is the Firm registered as MSME with DIC/NSIC:
If so, enclose copies of documents as proof.

24) Has the Firm been removed/blacklisted by
Any of the office of Corporation, if so
Give details.

I/WE _____ request Life Insurance Corporation of India, Zonal Office, to consider inclusion of my/our firm in the list of their approved stationers and agree to give full satisfaction to the Corporation in the event of their doing so.

Dated : _____ _____

Signature