भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
THRISSUR DIVISION

	QUESTIONNAIRE FOR EMPANELMENT TABLE STATIONERY VENDOR ANNEXURE'A 3'	
1	Name of the Vendor (in Block Letters)	
2	Date of Establishment / Incorporation	
3	Office Address and Telephone No.	
4	Email ID of the Firm	
5	Status : Proprietary /Partnership / Private Limited Company / Public Limited Company	
6	Name of the Partners / Directors	
7	Contact Persons Name with Mobile No	
8	N a m e of your Banker	
9	Office of LIC / Bank / other PSUs / Govt serviced by you	
10	Your Products	
11	PAN Number	
12	TIN	
13	Experience in sales of materials	
14	Authorisation obtained from (Names of the companies which have certified you as their certified dealer)	

15	Name,Address and Tel. Nos. of atleast three of your most valued clients. (with you for more than 3 years)	
16	Whether holding certificate under Shops & Establishment Act, duly renewed	
17	Are you agreeable to make deliveries to the Corporation's Divisional Office at Thrissur	
18	Are you agreeable to abide strictly by the terms & conditions of the tenders and contracts (copies annexed)	
19	Mention any other special features of your firm	

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, and Thrissur, to consider inclusion of my /our name in the list of your approved suppliers of Stationery & Cleaning Materials. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved list of suppliers of Table Stationery & Cleaning Materials.

Signature with Seal

Dated :

Name, Desigination

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