

(Annexure "A")

Application Form for Empanelment of Vendors for Purchase of Competition Prizes, Gift Articles and Mementos (Tirunelveli Division)

Sl. No.	Information Sought	Information Provided
1	Name of the Firm (In Block Letters)	
2	Date of Establishment / Incorporation of the Firm	
3	a. Correspondence Address	
	b. Telephone Nos.	
	c. Mobile No.	
	d. E-mail address	
4	Address of Head Office (if Separate) and telephone no., FaxNo. & E-mail Id	
5	Dealing in which type of products	
6	Nature of Ownership : Whether Proprietary / Partnership / Private Limited Company / Public Limited Company	
7	Names of the Proprietors / Partners / Directors	
8	Name of Representative(s) with designation who would be calling on us and attending to our jobs and his / their MobileNos.	
	NEFT DETAILS	
9	a. Bank Name	
	b. Bank Branch & Address	
	c. Bank A/C. No.	
	d. Type of Account (SB/Current/CC etc)	
	e. IFSC Code	
	f. Mobile No.	
10	PAN Card No. (Copy to be enclosed)	
11	Whether holding certificate under Shops & Establishment Act duly renewed (copy to be enclosed)	
12	GST No.	
	GST Reg. No.	
	TAN No.	
	TIN No.	
	(Copies to be submitted)	

13	Turn over for last 3 Years		
		F.Y. 2021-22	
		F.Y. 2020-21	
		F.Y. 2019-20	
14	Has your firm been blacklisted / removed earlier by LIC or any of the PSUs / BFSI / Govt / Semi Govt. Quasi Govt. Departments in India. (Yes/No). If yes, then give details		
15	Are you agreeable to abide strictly by the Terms and conditions of the Tender and Contracts (copies annexed)		
16	Whether your firm is already empanelled with any office of LIC of India or any other PSU (Central). (Please enclose list with names, address and Tel./Mobile Nos. of the persons to be contacted for confirmation).		
17	Name, addresses and telephone Nos. of three of your mostvalued clients		
18	Mention any other specialities of your Establishment		

Please type the form or fill it legibly in ink. Use separate sheet if space provided is insufficient.

All the pages of application form and documents must be signed with seal.

I/We _____ request Life Insurance Corporation of India, Divisional Office, Tirunelveli to consider inclusion of my / our firm / company's Name in the list of their approved Firms / Vendors / Dealers and hereby assure to extend full co-operation up to the satisfaction of Corporation in the event of their doing so.

I / We agree to abide by all the rules & regulations framed by the Corporation from time to time.

Date :

Place :

Signature with Office Seal

Name : _____ Designation : _____