



**BALASORE ALLOYS LIMITED**  
(Department of Supply Chain Management)

Page : 1 /06	<b>Vendor Questionnaire for approval- General</b>	
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You must complete *all* questions below.

If a particular question is not applicable, enter "N/A" in the response field.

This questionnaire covers you and your company and anyone working on its behalf, including directors, officers, principals, owner, managers, partners, agents, or consultants.

For any question to which you answer "yes," please provide a detailed description at the end of the questionnaire or on additional pages.

<b>VENDOR CONFIRMATION</b>	
<b>1. General Information</b>	
<b>General information</b>	
Registered Name :	
Registration Number :	
Country of Registration :	
Category :	<input type="checkbox"/> Company (Limited or Private ) <input type="checkbox"/> Individual / Proprietorship <input type="checkbox"/> Limited Liability Partnership / Partnership
Business Model :	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Broker <input type="checkbox"/> Service Provider
Principal Commodity /Services :	
Permanent or registered address:	
Telephone:	
Fax:	
E-mail:	
Website :	
Principle Business Address ( From where Business is transacted) :	
Telephone:	
Fax:	
E-mail:	
Name of the Authorized Signatory (with specimen copy) :	
Contact language:	
PAN No :	(Copy to be Attached)
VAT No :	(Copy to be Attached)
Excise Regn .No:	(Copy to be Attached)
Service Tax Regn.No :	(Copy to be Attached)
<b>GST Number</b>	(Copy to be Attached)
MSME Certificate No. & date	(Copy to be Attached)
Lower TDS deduction Certificate:	(Copy to be Attached)
<b>Bank information (add new rows if needed for multiple accounts)</b>	
Bank name:	

Bank account number:			
IFSC Code :			
Branch Address with City:			
Bank BIC/SWIFT code:			
Cancelled Cheque:	(Copy to be Attached)		
Payment method:			
<b>Contact information (insert additional rows if needed)</b>			
<i>General Information</i>			
Name	Title	E-mail	Telephone
<i>Invoicing/Accounting</i>			
Name	Title	E-mail	Telephone
<i>Logistics/Sales office</i>			
Name	Title	E-mail	Telephone
2. Date of Formation :			
3. Size (personnel, geographical coverage, annual revenues, annual net income, etc.):			
4. Clientele (size, nature, etc.):			
5. Locations of Offices Worldwide :			
6. List and describe your five largest projects / customers (including size of account or project revenue) :			
7. List and describe your principal shareholders, principal investors, directors and officers (including their holding in your company):			
8. List and describe any parent corporations, subsidiaries, affiliates, joint ventures or partnerships related to your company:			
9. Describe your company's technical qualifications and any previous experience with BAL or any other business partner in the industry:			

10. Please confirm the Company's Sales Turnover, EBIT and EBITIDA for the last 3 financial years :

Year			
Sales Turnover			
EBIT			
EBITIDA			

11. Please provide us with AUDITED financial statements for the last 3 financial years.

12. Conflict of Interest

a. Does your company or anyone working on its behalf currently or formerly associated with BAL or any of their subsidiaries (e.g., an owner, partner, officers or directors) in any manner?  Yes  No

b. Does your company or anyone working on behalf of it have any other conflict of interest with us?  Yes  No

c. Does your company or anyone working on behalf of it related to a government official or employee, political party, or political candidate or to family members of the above (in particular financially, by blood, by marriage)?  Yes  No

d. Does your company or anyone working on behalf of it\* related to a customer (or a director or an employee of a customer) or to a supplier (or a director or an employee of a supplier) of BAL (in particular financially, by blood, by marriage)?  Yes  No

e. Does your company or anyone working on behalf of it related to a director or an employee in BAL (in particular financially, by blood, by marriage)?  Yes  No

13. Business Ethics

a. Does your Company have a code of business conduct or a written policy that supports ethical business practices?  Yes  No

If, "Yes", please provide a copy.

<p>b. Does your Company have a whistle blowing process for any person to freely report instances of alleged bullying, discrimination, bribery, fraud and or unethical business practices?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>c. Does your company or anyone working on its behalf ever defaulted on a contract, had a contract terminated for breach, or paid damages in connection with a contract?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>d. Are there any circumstances that would raise questions about your company's compliance with the laws, including anti-corruption provisions, and BAL's policies and best interests?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>14.    <b>Quality</b></p>	
<p>Does your Company have a certified Quality management system (e.g. ISO9001, ISO/TS 16949 or other)?</p> <p>If, "Yes", please attach a certified copy and confirm the validity of the expiry date.</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Others</b></p>	
<p>Will you hire anyone specially to assist you in performing services for BAL?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Are you required by law to be licensed to perform services? If yes, identify your license/registration number(s) and the issuing government body and state whether the license(s)/registration(s) are valid and in good standing?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Please provide at least 3 additional business references (including address and telephone number) with a description of the scope of the work you performed for them and their contact information.</p>	

I agree that the information above is truthful and correct. I consent to the processing, use or transmittal of this questionnaire (and the information and personal data it contains) within BAL and, if necessary, to its consultants, its counsel, its auditors or regulators for purposes of evaluation of commercial opportunities, contract enforcement, or for regulatory purposes. I am aware that I may exercise any rights I may have under data protection laws (such as the right of access or rectification).

Signature : \_\_\_\_\_

Company Stamp

Date : \_\_\_\_\_

Name : \_\_\_\_\_

Title: \_\_\_\_\_

Appendix: Additional information provided by the vendor

Checklist

S.L No	Category	Document Required
1.	<b>Individual/Proprietorship</b>	<input type="checkbox"/> PAN Card <input type="checkbox"/> Voter Card <input type="checkbox"/> Passport copy <input type="checkbox"/> Bank Statement <input type="checkbox"/> Address Proof <input type="checkbox"/>
2,	<b>Company</b>	<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Article of Association. <input type="checkbox"/> Memorandum of Association <input type="checkbox"/> Power of Attorney granted to transact Business on his behalf
3.	<b>Limited Liability Partnership / Partnership</b>	<input type="checkbox"/> Registration Certificate (if registered) <input type="checkbox"/> Registered Partnership Deed <input type="checkbox"/> Power of Attorney granted to transact Business on his behalf <input type="checkbox"/> ID Proof and Address Proof

**For Official Use Only**

**In person verification done by:**

Employee Name : \_\_\_\_\_

Employee Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCM HEAD :**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_