



ALPINE STAMPINGS



Customer Registration Form (To be filled in by Supplier)

S.NO.	Gen. Information	
1.	Name of the Firm/Manufacturer	
2.	a. Head office address	
	b. Phone no	
	c. Contact Person:	
	Email Id -	
	d. Works/Division address	
	e. Phone no	
	f. Contact Person:	
	g. Name C.E.O/Proprietor/Partner/Director	
	h. Address:	
	i. Mobile No:	
	j. Landline	
	Email Id -	
3.	Status of Firm a) Proprietor b) Partnership c) Limited /Private	
4.	Contact Person (Sales) Email Id - Contact Person (Accounts) Email Id -	
	FINANCIAL DATA	
5.	Registration i.e. with authorities address a. GST Tin no: b. Income Tax Pan No: c. Msmed Regn.No	



BANK DETAIL	
a.	Bank Account Details (Please attach Bank Certificate along with Cancelled Cheque)
b.	Name of Bank:
c.	Bank Branch Name:
d.	Bank Branch Address
e.	Account No
f.	Account Type (Current / CC/ OD / Savings / Others)
g.	IFSC Code:
h.	MICR No:
6. PRODUCTS MANUFACTURED	
a.	Product Category (Indicating Material of the product)
b.	Current Capacity per shift
c.	Capacity utilization per shift
d.	Major customer (TOP 3)
e.	Annual business Turnover
f.	No of shifts

7. ANNUAL SALES TURNOVER /TOTAL CAPITAL EMPLOYED (Last Financial Year)

Year	Annual Turnover		Capital Employed		Total
	Including Taxes & Duties	Excluding Taxes & Duties	Owners Fund	Borrowing	

Name and Address of	
1. Other manufacturing Units	
2. Sister Concerns	
3. Associate Concerns	
4. Subsidiaries	

8. MANAGEMENT:

Details of Directors/Partners/Proprietor

Name	Designation	Qualification	Relevant Work Experience	No of Years

9. ORGANISATIONAL STRENGTH:

Total man power:	
Managerial	
Commercial	
No of Technical/Engineer staff:	
No of quality personnel:	
Worker Skilled/Unskilled:	
Available Power:	
Available standby Power:	



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10. Details of machinery: Sanctioned load _____ HP. Utilized Load _____ HP

Description	Capability W.R.T Dimension, Weight Etc.	Make	Nos	Machine Shift	

11. QUALITY CONTROL EQUIPMENT:

Details of gauges /measuring instruments, testing equipment's:

Description	Range	Least count	Make	Nos.
			ATTACH ANNEXURE	

12. FUTURE PLANS

New Products	
New Machinery	
Additional Test facilities	
Other Info	

Sign:

Name:

Designation:

Rubber Stamp of the Concern:

GENERAL DATA

Nature of item supplied

Inspection -Yes/No	Traded Product-
Sub contract -Yes/No	Capital Item:
Forwarding Agent	Sales Tax State
Excise Category:	Sales Tax Applicable:
Payment Terms	Payment mode: Chq/Rtgs/LC
Delivery Lead time:	MOQ:

BRIEFLY OUTLINE FOLLOWING IN YOUR MANUFACTURING UNIT:

1) Major Processes (Block Diagram) List Hazardous Chemicals (If any)	
2) Employee Safety and Health Protection	
3) Disposal Method of Waste Generated (If Any)	