

FORM : 7 – VENDOR REGISTRATION FORM



**General Information:**

Company Name:	
Service(s) Offered:	
Vendor point of name : (Mr/Ms)	Gender (M/F) :

**Vendor Contact Details:**

Landline No. : Mobile No. : Alternate Mob. No. : Email Id. : Alternate Email Id. :	Address:
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**Document to be submitted along with this form:**

1. Government photo ID proof.
2. Passport size photo 2 copies.

Any other information you would like to give \_\_\_\_\_

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

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

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

**VBOWA Seal & Date**