

REGISTRATION OF FOREIGN SUPPLIERS – YEAR 2022/2023

PARANTHAN CHEMICALS COMPANY LIMITED

(Foreign Applicants who are seeking registration themselves or Foreign Principals and Local Agents are required to fill this form)

Sub. Code :

1. Name of Institute :-

2. Contact Person :-

3. Mailing Address

- Head Office

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- Factories

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- Local Address if any

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4. Telephone No :

Fax No :

E-Mail Address :

Web Site (URL) :

5. Whether principal is a manufacturer or an authorized agent of a manufacturer or an authorized distributor of a manufacturer?

Manufacturer Agent Distributor

6. Are you having any recognize System Certificate for Quality Assurance?

Yes No If yes, Specify

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7. Are you associated with other Companies or Group of Companies? If so please give particulars.

8. Are you a agent for recognized Foreign
 Manufacturer? Yes / No If "yes" given details.

Name of Manufacturer	Type of Product

9. If the applicant is a local agent of a foreign supplier (manufacturer or authorized agent / distributor of the manufacturer) original letter giving **Power of Attorney** issued by the Chief Executive Officer of the principal should be attached (Faxes, telexes, photocopies will not be accepted at all).

10. Mark your Goods/Services offered.

1.0 Industrial Chemicals

- 1.1 Liquid Chlorine
- 1.2 Caustic Soda Flakes
- 1.3 Hydrochloric Acid
- 1.4 Poly Aluminum Chloride
- 1.5 Allum
- 1.6 Hydrated Lime
- 1.7 Bleaching Powder
- 1.8 Soda Ass
- 1.9 Other Chemicals

2.0 Brand New Cylinders

- 2.1 Brand New 1000kg Chlorine Cylinders
- 2.2 Brand New 900kg Chlorine Cylinders
- 2.3 Brand New 68kg Chlorine Cylinders

3.0 Other Equipment's and Cylinder maintenance items

3.1 Chlorine Valve and Spindles

If there is a Local Agent

11. Name of Local Institute :

12. Contact Person :

13. Mailing Address :

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14. Telephone No :

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Fax No :

.....
E-Mail Address :

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15. VAT NO :

.....
Signature of the Applicant

Date.....2022

Name:

Designation :

(Please affix the Rubber Stamp)

For Office use only

Received Date:.....

Approved / Not Approved

If not approved state condition of the Application:

* Incomplete Application Yes / No
* Insufficient Data Yes / No

Date:.....

Signatures of Members of Tender Committee

1.
2.
3.

11. Name of Local Institute

12. Contact Person

13. Mailing Address

14. Telephone No.

15. Fax No.

16. E-Mail Address

17. VAT No.

Signature of the Applicant

Name

Date

Designation

(Please affix the Rubber Stamp)

For Office use only

Received Date

Approved (Not Applicable)

If not approved show reason of the Application