VENDER CODE ALLOTED:|__|__|__|__|__|__|__|__| (TO BE FILLED IN BLOCK LETTERS ONLY)
(In case of modification Pls Fill the Old Vender Code)

MMTC LIMITED

(Form for creation of --- New Vendor ☐ / Modification of Old Vendor ☐)

COMMODITY: _____ LOCATION: _____ DATE: _ _ /_ _ /_ _ _ _

1. **Category** : (Private / Govt.) _____
2. **Name** : _____
3. **Address** : _____
   : _____
4. **City** : _____ 5. **State**: _____
6. **Country** : _____ 7. **Pin** / **Zip**: _____
8. **Telephone** : STD Code _____ Contact No. _____
   Fax No. _____ Email _____

Mapping Data: (Please tick one only)

9. **Account Group**:

1	Administration	6	Sundry Creditors Trade
2	Handling Agent	7	System Vendor
3	Insurance Vendors	8	Transporters
4	Law Vendors	9	Vessel Owners
5	Other Services		

10. **Currency**: (Indian Rs. / USD) _____
11. **Assesses Type:** (Company / HUF / Individual / NRI / Ind-Sole-Proprietor) _____
12. **Tax Category:** (Normal / *variable/ Exemption) _____

*If Tax Category is **Variable,** fill up the below Table:-

Certificate No.	Certificate Name	Date of Issue	Valid Till	Place of issue	User field

13. **PAN Card Details:**

Name on PAN Card	PAN No.

14. **TDS applicable** - YES / NO

(IF YES – Tick the appropriate Nature of Deduction)

	TDS Code	Nature		TDS Code	Nature		TDS Code	Nature
1	**U/S-172**	U/S-172	7	**CONTIND**	Contract	13	**RENT/IND-LAND/BLDG**	Rent/Individual-Land/Bldg.
2	**DIVCOM**	Dividend	8	**INSUCOM**	Insurance Commission	14	**RENT/IND-PLANT/MACH.**	Rent/Individual-Plant/Machinery
3	**INTTCOM**	Interest	9	**COMMCOM**	Commission/Brokerage	15	**PROFCOM**	Professional .Services
4	**INTTIND**	Interest	10	**COMMIND**	Commission/Brokerage	16	**PROFIND**	Professional .Services
5	**INTTNRI**	Interest	11	**RENT-LAND/BLDG**	Rent-Land and Building	17	**TECHCOM**	Technical .Services
6	**CONTCOM**	Contract	12	**RENT-PLANT/MACH**	Rent-Plant and Machinery	18	**TECHIND**	Technical .Services
						19	**PENSIND**	Pension

(Signature of Official along with Name & Designation)
(Email**: _____)**

Approved by:
Associate Finance (Name & Designation)

Divisional Head (Commodity.)(Name & Designation)

Note: 1.Photocopy/Scanned copy of this Vendor Form and essential documents may be sent to Systems Division at Corporate Office
2. Forms with incomplete information will not be entertained.
3.User is requested to check Vender mapping details in ERP System before commencing First Transaction.
4.Form is available on Intranet.