ANNEXURE-I

APPLICATION FOR EMPANELMENT OF COURIER SERVICE PROVIDER IN STATE BANK OF INDIA, CHANDIGARH CIRCLE FOR (2021-2023) PLEASE ENSURE THAT NO COLUMN SHOULD BE LEFT BLANK OR INCOMPLETI

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|---|---|----------------------------|--|--|--|--|
| 1 | Name of the Courier Agency | | | | | |
| 2 | Regd. Office/Head Office with | | | | | |
| | Complete address: | | | | | |
| 3 | Contact No.: | | | | | |
| | (a) Landline with STD Code | | | | | |
| | (b) Mobile (c) Email ID | | | | | |
| 4 | Address of office at Chandigarh with | | | | | |
| | Contact No./Email ID etc. | | | | | |
| 5 | Year of Establishment | | | | | |
| | (Minimum 7 Years) | | | | | |
| 6 | Constitution | | | | | |
| | Status of the firm whether | | | | | |
| 7 | Company/Firm/proprietary concern | | | | | |
| | company/ mm/proprietary concern | | | | | |
| 8 | Name of Directors/Partners/Proprietor | | | | | |
| | | | | | | |
| | Whether registered with the Registrar | | | | | |
| 9 | of Companies/Registrar of firms. If so, | | | | | |
| | mention number and date. | | | | | |
| 10 | Name of address of present Bankers | | | | | |
| | Whether an assesses of Income Tax. If | | | | | |
| 11 | so mention PAN number. (Furnish | | | | | |
| | copies of I.T. Clearance certificate) | | | | | |
| | Whether registered for GST, if so | | | | | |
| 12 | mention GST registration number & | | | | | |
| 12 | date. | | | | | |
| | If you registered in the panel of other | | | | | |
| | Organisations/Statutory Bodies / | | | | | |
| 13 | Institutions / Banks, if yes, mention | | | | | |
| | their name and since when? | | | | | |
| | | | | | | |
| 14 | Annual Turn overfor the last 3 years | 2018-2019 (as on 31.03.19) | | | | |
| | (Not less than 5.00 crore per annum) | 2019-2020 (as on 31.03.20) | | | | |
| | (Attach Copies) | 2020-2021 (as on 31.03.21) | | | | |
| | Provisional /Actual Balance sheet | `_ | | | | |
| | for 2020-2021 | | | | | |
| | | | | | | |

| 15 | Network (No. of offices) in the Country - Minimum own Centres 200 in India and 100 in Chandigarh Circle. (List with addresses/Contact Nos/Email ID etc may be separately enclosed) | Haryana Punjab H.P Chandigarh (UT) Jammu and Kashmir (UT) Laddakh (UT) Total In India Abroad | | | | | |
|---------------------|--|--|--|--|--|--|--|
| 16 | Names and addresses of the persons who will be in a position to certify about the quality as well as performance of your organisation /work. | | | | | | |
| 17 | Does the courier agency have an effective on-line tracking system to know the status of each document? Give details of the training system in place alongwith website address: | | | | | | |
| 18 | Whether the applicant is a franchisee*/principal company: *(No offer from franchise will be entertained). | | | | | | |
| 19 | Whether willing to work anywhere in the states of Punjab, Haryana, Himachal Pradesh UTs of Chandigarh Jammu & Kashmir and Laddhakh. | | | | | | |
| 20 | Declaration regarding near relatives working in the Bank. If yes, Name, Designation, Place of posting. | | | | | | |
| 21 | Whether De-empanelled/Black listed by any Bank/Govt. Agency/Office, If yes, furnish details | | | | | | |
| I hereb | y confirm that all information, particulars | , copies of certificates and testimonials in connection with my | | | | | |
| | | | | | | | |
| Signature with seal | | | | | | | |
| Name & Designation | | | | | | | |
| Contact No. | | | | | | | |
| Place: | | | | | | | |
| Date: | Note: Furnish self-attested duly stamped photo copies of all relevant documents in support of the | | | | | | |
| | ation furnished above. | Copies of an intervalle accuments in support of the | | | | | |