



**RGS FASHIONS PVT LIMITED (CITI STYLE)  
PARTY EMPANELMENT FORM**

Creation  
 Modification

**Acropolis, Unit No - 3. 8th Floor. 1858/1 Rajdanga Main Road. Kolkata 700107  
PH: 098742 46631/2/3, E-MAIL: citistyle2004@yahoo.co.in**

Name of the Entity/Firm *			
Director / Owner *			
Address *			
Location /City *	State *		
Mobile No	Postal Code *		
Email *	Phone No		

Auto Alerts*	SMS No:	Whats App No:
	Email ID:	

Legal Status of Party * (Pls tick where applicable)	<input type="checkbox"/> LIMITED <input type="checkbox"/> PVT LIMITED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> INDIVIDUAL			
	<input type="checkbox"/> PSU <input type="checkbox"/> CO-OP SOCIETY <input type="checkbox"/> HUF <input type="checkbox"/> OTHERS			

Nature of the Supplier * (Pls tick where applicable)	<input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> COMMODITY SUPPLIER <input type="checkbox"/> SERVICE PROVIDER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> BROKER			
	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CAPITAL ASSETS <input type="checkbox"/> GOVT BODY <input type="checkbox"/> PROCESSOR <input type="checkbox"/> OTHERS			

BRAND NAME			
NAME OF PRODUCT			
HSN CODE			

Mention the Reference through which the Party has come to RGS, if any	NAME:	
	CONTACT NO:	

**STATUTORY DETAILS**

PAN No #				(Mandatory if TDS is applicable)
ADHAR CARD NO #				
TRADE LICENSE NO #				
Type of Service	1	2	3	
HSN CODE	1	2	3	
TDS Section Applicable	1	2	3	

(If exempted from TDS, please provide exemption certificate)

Are you registered under #	GSTIN	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	GSTIN No		Date
	PF NO		ESI NO

Party has to provide the photocopy of the registration certificates under that Act. If no details are provided by Party, it shall be assumed that Party is not covered under this Act.) Goods must be sent with Tax Invoice Copy, otherwise it will not be accepted.

➤ Mention type of Enterprise     Micro     Small     Medium     Large  
 ➤ Is your firm Registered with Ministry of Micro, Small And Medium Enterprises.     Yes     No  
 ➤ Udyam Registration Number :

RG'S GST NO:	W. BENGAL	19AACCR6608Q1ZP	U.P.	09AACCR6608Q1ZQ
	JHARKHAND	20AACCR6608Q1Z6	ORISSA	21AACCR6608Q1Z4
	ASSAM	18AACCR6608Q1ZR		

**BANK DETAILS / OTHER TERMS & CONDITIONS**

Bank A/c Holder's Name *			
Bank Name *		Branch Name *	
Account No *		A/C Type *	<input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> CASH CREDIT
IFSC Code *		Branch Code *	
Address of the Bank *			
Branch Location/City *		State *	

Please enclose a copy of cancelled cheque of the above mentioned Bank account showing Account Number, IFSC Code, Name of the Account Holder. In case cheque is not available, a copy of the Bank Pass Book/ Bank statement from the Bank confirming above details may be provided.

I/We hereby declare that the particulars furnished above are correct and complete. The financial information provided above is to be used by RGS for making payment through electronic mode. I request and authorize RGS to effect payment through electronic mode to my/our bank account as per the details mentioned above. If any transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information provided as above or any error made by the Bank(s), the Company (RGS Fashions Pvt.Limited) shall not be held responsible. I/We hereby undertake to inform the Company immediately of any change in my/our bank/branch and account number.

**Other Terms & Conditions:**

Credit given to RGS (Due Net)	
Cash Disount (No of Days)	Cash Discount %

Products supplied to RGS will be taken back in case of any damages/breakages/any defects in the products.

**No column to be left Blank. All Documents provided should be legible to ensure correctness of the details specified above.**

Signature		Designation		Date		Seal of the Company
				Place		
Name						

**FOR OFFICIAL USE ONLY (to be filled-in by Unit/Business/Dept)**

Article *		Article Range *	
Mark Up*		Payment Terms *:	
Round Off*		30 Days on Entry Date	
Name of Agent *	Limit: Upper / Lower *	On Document Date	
Agent's Commission*	Signature & Date	Consignment	
Whether the Party has been Blacklisted/ Debarred/ Delisted by any RGS or Its Group Company in the past. If Yes, provide details *		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Entered By	Prepared By	Name of approver	

\* Mandatory to fill in the details

# Mandatory to submit photocopy of certificate