APPLICATION FOR EMPANELMENT OF COURIER SERVICE PROVIDER PLEASE ENSURE THAT NO COLUMN SHOULD BE LEFT BLANK OR INCOMPLETE

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	
7	Status of the firm whether	
	Company/Firm/proprietary concern	
8	Name of Directors/Partners/Proprietor	
9	Whether registered with the Registrar of	
	Companies/Registrar of firms. If so, mention	
	number and date.	
10	Name of address of present Bankers	
11	Whether an assesses of Income Tax. If so	
	mention PAN number. (Furnish copies of I.T.	
	Clearance certificate)	
12	Whether registered for GST, if so mention GST	
	registration number & date. (Attach	
	copies)	
13	If registered in the panel of other	
	Organisations/Statutory	
	Bodies/Institutions/Banks, if yes, mention	
	their name and since when?	
14	Annual Turn overfor the last 3 years	2016-2017 (as on 31.03.17)
	(Not less than 10.00 crore per annum)	2017-2018 (as on 31.03.18)
	(Rs. In lakhs)	<u>2018-2019</u> (as on 31.03.19)
	(Attach Copies)	
15	Network (No. of offices) in the Country -	Chandigarh
		Haryana
	Chandigarh Circle. (List with	, Punjab
	addresses/Contact Nos/Email ID etc may be	Jammu
	separately enclosed)	H.P.
		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, Jammu & Kashmir, Ladakh and Chandigarh (UTs),	
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 hereby confirm that all information, particulars, copies of certificates and testimonials in connection with my empanelment are correct and genuine. I am, therefore, liable to face appropriate actions as deemed fit by the Bank in the event of any of the information, part copies of certificates and testimonials are not found correct and genuine.	

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 information furnished above.