



Vendor Registration Form

VENDOR DETAILS (Vendor Add / Change)

1. Ykrita Lifesciences Pvt Ltd., collecting below information only for the purpose of business transaction
2. Fill all required details and mention "N/A" wherever not applicable.
3. Vendors need to share filled and signed form.

Vendor Identification Information	
Vendor legal Name (<i>As listed on official tax document / invoice / bank beneficiary name / used for tax filing/ website of the company</i>)	
D/B/A (doing business as) name	
GST Number (Copy of GST Registration Certificate to be enclosed)	
PAN Number (Copy to be enclosed)	
Company Registration Number	
Legal Entity type (<i>fill in the relevant one</i>) <ul style="list-style-type: none"> ▪ Individual / Sole Proprietor ▪ Partnership / LLP ▪ Corporations (C-Corp and S-Corp) ▪ Company (Private and Public) ▪ Other – please specify 	
Vendor Address Information	
Company Address (<i>Street, City, State/Province, Postal Code, Country</i>)	
Vendor Contact Information	
Full Name (<i>First, Middle, Last</i>)	
Job Title and Department	
Email ID (<i>Purchase Order will be sent to this email id</i>)	
Phone number (<i>with country code</i>)	
Vendor Bank Information (*<i>please update the details as applicable</i>)	
Bank Name	
Bank Branch Name and Address	
Bank Account Holders / Beneficiary Name	
Bank Account Number & IFSC	
Bank Account Type	
ABA Routing No	
IBAN	
SWIFT/BIC CODE	
MICR code of Bank (<i>as mentioned in the cheque book</i>)	

YKRITA LIFESCIENCES PRIVATE LIMITED

Regd. Office: # 269, 5th Main Road, 9th Cross Road, Tata Nagar, Bengaluru- 560092,
Tel: 080-41499155 email: finance@ykrita.in CIN: U74999KA2020PTC134284

Internal Use Only



Vendor Registration Form

Vendor Business Details	
Year of Establishment	
Type of Business (Fill the relevant one) <ul style="list-style-type: none">• Manufacturer• Distributor• Service Provider• Other	
Products/Services offered	
Industry Classification	
Regulatory & Compliance	
ISO 13485 Certification (Attach Copy if available)	
Other Certifications (e.g., CE Mark, FDA Registration, ISO 9001):	
Quality Management System in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Certification if available (ISO 9001, ISO14001, ISO27001)	
References	
Reference 1 (Client /Partner) Contact	
Reference 2 (Client /Partner) Contact	

Declarations

- I / We hereby declare that the information given is correct to the best of my/our belief and knowledge.
- I agree to comply with the company's vendor policies, confidentiality, and quality requirements.

Authorized Signatory: _____**Designation:** _____**Date:** _____**Note:**

1. Attach additional information like company brochures, catalogue etc. if any.

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