

**CORDELIA CONTAINER SHIPPING LINE**  
**Cordelia Container Shipping Line Pvt. Ltd**  
Seawoods Grand Central, E-704-707, Tower 2, 7<sup>th</sup> Floor  
Seawoods, Navi Mumbai-400706

---

## Vendor Registration Form

**Vendor Category:**

### COMPANY INFORMATION

**1.1 Registered Company Name:**  
(Commercial Registration / Trade License / Certificate of Incorporation) \*

**1.2 Ultimate Holding Company Name:**  
(Commercial Registration / Trade License / Certificate of Incorporation) \*  
(\*Please enclose copies of all the above documents)

**1.3 Trading Name:**  
(If different from 1.1 above)

**1.4 Primary Office**

P.O. Box:

Building Name:

Street:

City:

State / Province:

Country:

Postal Code:

Telephone:

Fax:

Company Website:

**1.5 Authorized Work Locations:**

**1.6 Authorized Delivery Locations:**

**1.7 Contact Person :**

1.7.1 Telephone:

1.7.2 Facsimile:

1.7.3 Email:

**1.8 Primary Bank Name:**

1.8.1 Relationship Manager Name:

1.8.2 Telephone Number:

1.8.3 E-Mail:

**CORDELIA CONTAINER SHIPPING LINE**  
**Cordelia Container Shipping Line Pvt. Ltd**  
Seawoods Grand Central, E-704-707, Tower 2, 7<sup>th</sup> Floor  
Seawoods, Navi Mumbai-400706

---

**1.9 Commercial Licence Number/Incorporation Certificate Number:**

Date of Issue:

Place of Issue:

Expiry Date:

(Please enclose two copies of the above registration or of the licence)

**1.10 Details of the Management:**

1.10.1 Chairperson of the Board\*:

1.10.2 Ultimate Beneficiary of the Company\*:

1.10.3 Chief Executive Officer\*:

1.10.4 Chief Financial Officer\*:

1.10.5 Operations Manager\*:

1.10.6 Finance Accounts Manager\*:

**1.11 Primary Service Offered:**

(Outline the primary services offered by your Company. Please list descriptive brochures, advertising material, etc. that you are enclosing with the questionnaire.)

**1.12 Current Principal Clients:**

(List the Companies with whom you have current supply/service contracts)

1.12.1

1.12.2

1.12.3

1.12.4

1.12.5

**1.13 Insurer (copy of insurance certificate to be provided)**

1.13.1 Name:

1.13.2 Policy number:

1.13.3 Expiry date:

1.13.4 Insured for damage up to:

1.13.5 Liability up to:

1.13.6 Loss up to:

1.13.7 Other comments:

**1.14 Name and address of your Auditors:**

**CORDELIA CONTAINER SHIPPING LINE**  
**Cordelia Container Shipping Line Pvt. Ltd**  
Seawoods Grand Central, E-704-707, Tower 2, 7<sup>th</sup> Floor  
Seawoods, Navi Mumbai-400706

---

**1.15 Trade References:**

1.15.1 [co. name & contact]

1.15.2 [co. name & contact]

1.15.3 [co. name & contact]

1.15.4 [co. name & contact]

Name of the person completing this questionnaire:

Title or Position in the Company:

Signature:

Date:

**CERTIFICATE**

I, the undersigned do hereby certify that this information is true to the best of my knowledge and belief and based on relevant records, which are available for inspection. I understand that CORDELIA shall determine the suitability for vendor registration based on the information provided and that such registration shall be liable to cancellation should these details be incorrect.

NAME (OWNER/ AUTHORISED PERSON)  
(CAPITAL LETTERS)

AUTHORISED SIGNATURE

TITLE OR POSITION

DATE FORM COMPLETED

COMPANY SEAL OR STAMP