

**Format for Empanelment as Vendor for Shifting of Household goods / Transportation by Air and Sea**

- 1) Name of the Firm
- 2) Address, contact details, e-mail id:
- 3) Number of years of relevant experience:
- 4) Date of Incorporation, Trade License & activity (submit copy of Trade Licence):
- 5) Details of Corporate office in UAE:
- 6) Complete details of Experience as stated in (3) above (Attach separately) :
- 7) Experience of working with banks (if any) as stated in (6) above:
- 8) Details of Key Officials along with their qualification and experience (attach separately)
- 9) Key Person to be contacted:
- 10) Details of services being offered:
- 11) Additional Information:
- 12) Exclusion (if any)
- 13) Whether the Bidder firm / Vendor and/or associate firms (if any) is having all regulatory, statutory and mandatory approvals for execution of orders: (YES / NO) If yes, provide complete information.
- 14) Whether the Bidder firm / Vendor and/or associate firms (if any) have any adverse remark from the Regulators / Statutory authorities in UAE and Various Law Enforcing Agencies in UAE and India? (YES / NO) If yes, provide complete information.
- 15) Whether the Bidder firm / Vendor and/or associate firms (if any) have been black listed/ debarred by any Government /Financial Institutions/ Banks/ CBUAE/ Any Ministry in UAE or India? (YES / NO) If yes, provide complete information.

16) Whether the Firm is owned or controlled by any Director or Employee of Bank of Baroda, both present and those who have retired in the last two years, or by any of their relatives? Whether the Bidder has engaged any of the foregoing persons as partners, employees or contractors for any work whether connected with the "Assignment/ Job/ Engagement" nor shall they benefit directly or indirectly from the "Assignment/ Job/ Engagement" in any manner? (YES / NO) If yes, provide complete information.

I, \_\_\_\_\_ hereby confirm that the information and data/details provided herein is correct as per our record and in case of misinformation or concealment of facts, I will be liable for appropriate legal actions.

I further declare \_\_\_\_\_ Name of Firm \_\_\_\_\_ has authorised the undersigned to act on behalf of the Firm (authority letter enclosed) (wherever applicable)

**Name & Signature of Authorised Signatory**