

FORMAT

(TO BE SENT ON YOUR LETTER HEAD)

FOR PREQUALIFICATION OF BUYERS FOR PURCHASE OF ANHYDROUS AMMONIA.

1. Name and Address:

- A] Regd. Office :
Phone/Mob. No. of contact person :
PAN No.
- B] Works at :
Phone/Mob. No. of contact person :
- C] Name of Owner[s], Proprietor[s]:
Partners with full address
- D] Name of the Associated Cos.:
If any, with full address

**2. Date of establishment of factory/SSI
Registration Certificate (copy to be attached)**

- I] Date :
- II] Registration No. :
- III] Valid up to :

3. GST Registration Certificate no.:
(copy to be attached)

4. Nature of business/activity of the Co./other:
Allied business.

5. Purpose of procurement of Ammonia

- i) Own use as raw material for manufacture:
- ii) Liquor Ammonia :
- iii) Refilling :
- iv) Resale without value addition :
- v) Others(purpose to be stated) :

6. TOTAL REQUIREMENT OF AMMONIA : (Quantity in M.T.)
Monthly Yearly = Total

7. Details of Road Tankers

- i) Own :
ii) Associates :
[Should be road-worthy for transporting Ammonia and should have all safety equipments like fire extinguisher; D.A.SET etc.]

8. Details of Ammonia Storage Licence/ Refilling Licence Etc.(copy to be enclosed) : Storage Refilling Storage of Cylinders

- i) No.& Date of Issue :
ii) Name of issuing Authority & Place of issue. :
iii) Validity of Licence :

NOTE:- 1) Notarized copy of the licence for Storage of Ammonia, Refilling and Storage of Cylinders, should be enclosed, which is must.
2) Those who are not having Storage Licence, must enclose copy of the permission granted by the Explosive Department to do refilling directly from the tanker.

9. Annual Shut down details

Period From _____ To _____

10. Source of purchase of Ammonia during last three years : 1. 2. 3.

- i) Name of the supplier[s]
ii) Quantity purchased

11. Storage capacity :

12. Other details about the company, if any

- i) Organisation Set-up :
ii) Manpower-Technical/Executive-Skilled/Not-Skilled :

13. Financial status of the Company

- i) Cash Credit :
- ii) Books debts bill discounted :
- iii) L.C.Limit :
- iv) Bank Guarantee Limit :
- v) Annual turnover (last 3 years Balance Sheets -:
(to be attached)
- vi) Banker's certificate of solvency(to be:
submitted as per format annexed)from
a Nationalised Bank/Scheduled Bank.

**14. Income Tax Clearance Certificate/ Copy of Income Tax Returns (ITR) for the
last 03 years(acknowledged copy to be attached)**

15. Any other information :

NAME & DESIGNATION OF AUTHORISED SIGNATORY

**NOTE: -Copy of all the documents required as per the Performa should be enclosed
without fail.**

FORMAT OF SOLVENCY CERTIFICATE
(TO BE ISSUED BY THE BANK IN ITS LETTER HEAD)

1. Name of the Applicant :

2. Address:
 - i] Regd. Office :
 - ii] Plant/Factory :

3. Constitution of the Applicant
 - i] Proprietorship :
 - ii] Partnership :
 - iii] Pvt.Limited Co. :
 - iv] Public Ltd.Co. :
 - v] Others :

4. Name of the Proprietor/Partners/Directors :
With their residential address

5. Name of the Bank A/C.
 - i] Savings :
 - ii] Current :
 - iii] Cash Credit :
 - iv] Any other :

6. Maintaining Bank A/C. Since _____

7. Co. established/incorporated in the year _____

8. Nature of business :

9. Other allied business :

10. Capital of the Co. :

11. Name & Address of associated Cos. :

12. Comments on the financial position of solvency of the Co.

13. Credit facilities sanctioned/drawn by the Co.:

SIGNATURE _____
NAME & DESIGNATION _____
BANK NAME _____
ADDRESS _____
DATE: _____

UNDERTAKING

(On Non Judicial Stamp paper of Rs. 20/- duly notarized)

This is to certify that the undersigned Sh _____ who is authorized to sign an undertaking on behalf of M/s. _____ pledges that the Ammonia purchased from KRIBHCO is traded/used for bonafied/lawfull purpose as per Explosives Act and other statutory rules & regulations associated for the use of ammonia and in case the fact contained herein and the facts contained in the pre-qualification application are found otherwise or incorrect or false at any stage, in that case, my company will held responsible for any consequences on account of non-bonafide/unlawfull use of ammonia.

Deponent

I _____ hereby undertake that the above information is true and correct to the best of my knowledge and nothing material has been concealed or falsely stated therein. I shall be solely responsible for concealing any information.

Deponent

Place:

Date: