



### **Annexure 1 (Due diligence Check list for all the vendors)**

<b>SUPPORTING DOCUMENTS LIST FOR DIFFERENT TYPES OF VENDORS</b>		
<b>PROPRIETOR/INDIVIDUAL/TRUST/Others</b>	<b>PARTNERSHIP</b>	<b>COMPANY</b>
<p><b><u>Mandatory:</u></b></p> <ol style="list-style-type: none"> <li>1. PAN Card Copy</li> <li>2. Service Tax Certificate</li> <li>3. Utility Bill for Address proof</li> <li>4. Supplier Registration Form – SRF (Need to filled completely, signed and stamp)</li> </ol> <p><b><u>Optional</u></b></p> <ol style="list-style-type: none"> <li>5. Professional profile</li> <li>6. Website Details</li> <li>7. Client References</li> </ol>	<p><b><u>Mandatory:</u></b></p> <ol style="list-style-type: none"> <li>1. PAN Card Copy.</li> <li>2. Service Tax Certificate.</li> <li>3. Utility Bill for Address proof.</li> <li>4. Supplier Registration Form – SRF (Need to filled completely, signed and stamp)</li> <li>5. Copy of Partnership Deed</li> </ol> <p><b><u>Optional</u></b></p> <ol style="list-style-type: none"> <li>6. Website Details</li> <li>7. Professional profiles</li> <li>8. Client References</li> </ol>	<p><b><u>Mandatory:</u></b></p> <ol style="list-style-type: none"> <li>1. PAN Card Copy</li> <li>2. Service Tax Certificate</li> <li>3. Utility Bill for Address proof</li> <li>4. Supplier Registration Form – SRF (Need to filled completely, signed and stamp)</li> <li>5. MOA and Shareholding pattern</li> <li>6. Certification of Incorporation</li> </ol> <p><b><u>Optional</u></b></p> <ol style="list-style-type: none"> <li>7. Certification of Incorporation</li> <li>8. Professional Profile</li> <li>9. Website details</li> <li>10. Clients reference</li> <li>11. Company Financials - Copy of the latest audited Annual Statements or Income Tax return filed, Latest Net worth Certificate, P &amp; L account or Balance sheet (if spend is above 1 Cr)</li> </ol>



## Annexure 2 (Supplier Registration Form – SRF)

<b>Name of the Entity</b>			
<b>Whether Associated as Insurance Sales Partner of PNB MetLife? (Now or in Past)</b>	Yes / No if Yes, then provide details		
Do you have any relatives working with PNB Metlife as PNB MetLife Employee / Associates / Vendors / Chanel Partners?			
How/Who from PNB MetLife approached for this procurement – (RFP / Name)			
Supplier Type (Proprietor/Pvt Ltd/Ltd etc)			
Address Line 1			
Address Line 2			
City		Pin Code	
State			
Contact Number	Mobile	Landline	
<b>Email ID for TDS Certificate</b>		Fax No.	
Alternate Email Address			
Contact Person Name			
Existing Tie Up With PNB MetLife (Please Specify)			
Disqualified / Not Shortlisted / Blacklisted by PNB MetLife ever (Please Specify)			
<b>SUPPLIER BANK ACCOUNT INFORMATION</b>			
PAYMENT IN FAVOUR OF			
Preferred Mode of Payment	RTGS / NEFT / Cheque:		
Account Number			
Bank Name			
Bank Branch Address 1			
Bank Branch Address 2			
Bank Branch City		State	Pin Code:
<b>IFSC Code (NEFT/RTGS)</b>			
Note - Please attach one void cheque of the above mentioned bank account.			
<b>SUPPLIER PAYMENT AND DELIVERY TERMS</b>			
Credit Period			
Goods / Services to be supplied			



Estimated Annual Business with PNB MetLife (INR)	
Approximate Annual Turnover (INR) of entity	
Nature of Relationship	One Time / Retainer ship / Project-based / Existing vendor
<b>SUPPLIER TAX &amp; OTHER COMPLIANCE INFORMATION</b>	
PAN Number	
Service Tax Number	
VAT/CST Registration Number	
ESI Number	
PF Number	
TIN / TAN No.	
Legal Status (Individual or Proprietary / HUF / Trust / Firm or Partnership / Company / Local Authority / Govt. / Other)	
Industry type (Micro / Small scale / Medium Scale / Large Scale / None)	
<b>CERTIFICATION/DECLARATION FROM SUPPLIER</b>	
<p>I/We hereby declare that I/we have been complying with Anti-bribery of the Country and Anti-Corruption Policy of PNB MetLife India Insurance Co Ltd for the period of Agreement/engagement with MetLife including the following provisions :</p> <p>"I/We hereby confirm that neither the company/firm nor, its officers, directors, employees and anyone for whose acts or defaults they may be vicariously liable or anyone acting on behalf of any of them, have not and shall not make any payments in violation of any applicable anti-bribery law in connection with or in any way relating to or affecting the engagement/Agreement.</p> <p>I /We hereby acknowledge that the laws of the United States, including the Foreign Corrupt Practices Act (FCPA), UK Bribery and any other applicable bribery law prohibit any direct or indirect payment of money or anything of value to any governmental official, international organization, political party, party official or candidate for political office for the purpose of obtaining, retaining or directing business or securing any improper advantage.</p> <p>I / We hereby confirm that in the performance of obligations under the Agreement or otherwise in connection with the Agreement/engagement with PNB MetLife India Insurance Co Ltd, I/We have not made and agree that we will not make any such prohibited payment.</p> <p>The Information provided above is to the best of my/our knowledge and belief, accurate, current and complete. I/we agree to notify "PNB MetLife India Insurance Co. Limited" promptly of any changes to the information provided above.</p> <p>I/We will submit the supporting documents related with due diligence and Vendor balance confirmation as required by PNB MetLife India Insurance Co Ltd.</p>	
<p>I hereby confirm having received the brochure/ material containing the provisions of the anti-corruption policy of PNB MetLife</p> <p>Name &amp; Signature of authorized person with company Stamp  Date: _____ Place: _____</p>	
<b>DECLARATION BY EMPLOYEE/REPRESENTATIVE OF PNB METLIFE INDIA INSURANCE CO. LTD</b>	
<ol style="list-style-type: none"> <li>Whether Vendor is channel Partner – Yes/ No .....if Yes , (attach annexure 4- checklist for Channel Partners)</li> <li>Whether Vendor is relative of Employee / Associates / Vendors / Chanel Partners Y/N ..... if related, Name and Details .....</li> </ol>	



I/We have verified the above information and found it correct and there is no conflict of Interest involved with the supplier. I also confirm the correctness of details provided above for which supporting documents not submitted by Supplier.

**Name & Signature of authorized person**

**Date:** \_\_\_\_\_ **Place** \_\_\_\_\_