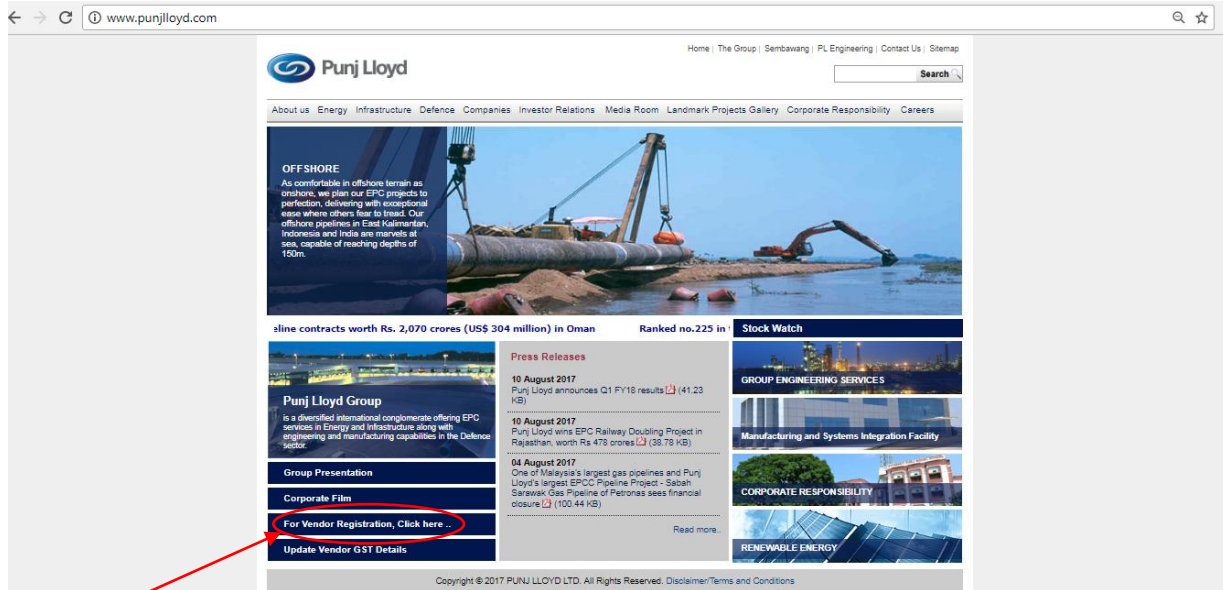


Vendor Registration Steps for New Vendor

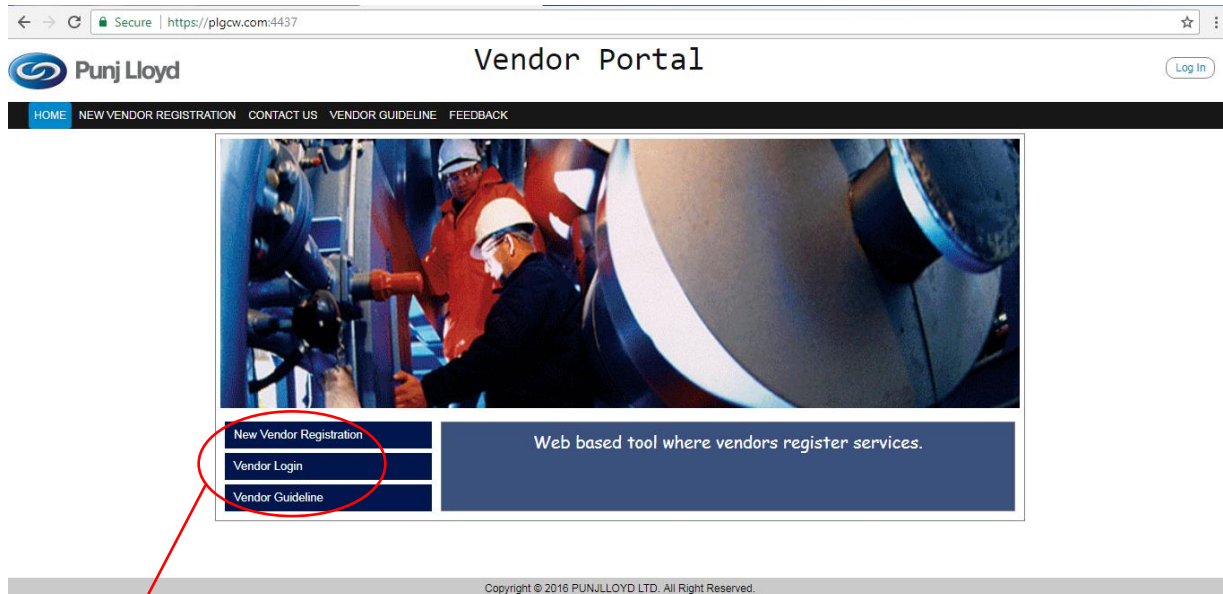
Step 1: go to web site <http://www.punjilloyd.com/> or <http://www.punjilloydgroup.com/>

Step 2: Click on “For Vendor Registration, Click here.....”



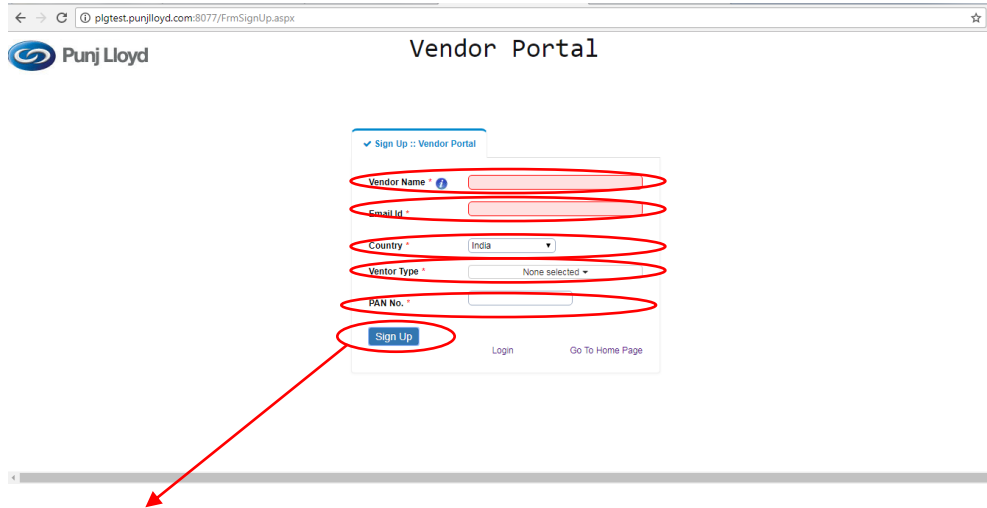
Click here

Step 3: Below screen will Display



For New Vendor Registration	Existing Vendor Login	Vendor Guideline
Vendor Registration Step-4 to Step-8	Existing Vendor Login Step-7	

Step 4: For New Vendor Registration follow bellow Screen



Vendor Name	Vendor Name should be exactly as per the PAN Card for Indian Vendors.
Email Id	Login details will be sent to this ID
PAN NO	(Only Indian Vendor)

Step 5: Fill up the above Vendor Name, Email ID, Country, Vendor Type & PAN No (only for Indian vendor) then Sign Up.

Step 6: It will send confirmation Email to your Email ID with the Password.


Step 7: Using your Email ID with the Password, Existing Vendor can login.



✓ Login :: Vendor Portal

Registration Id / Email :

Password :

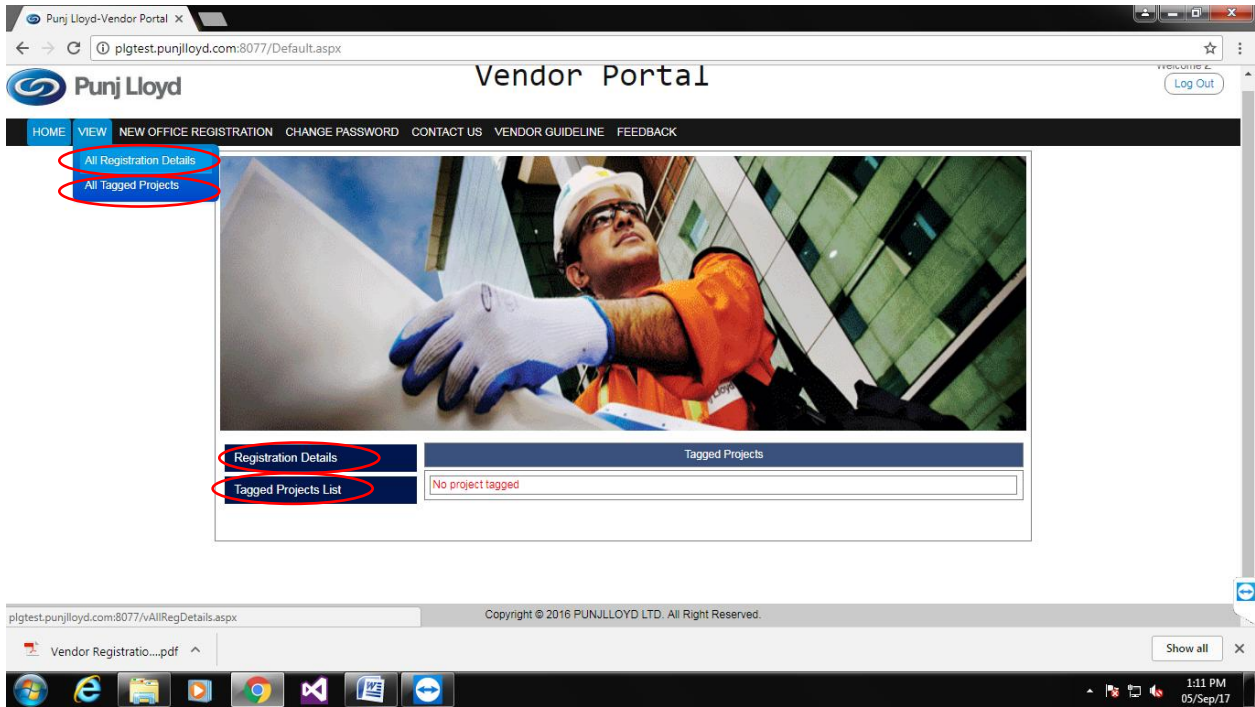


Enter the Text

[Login](#)

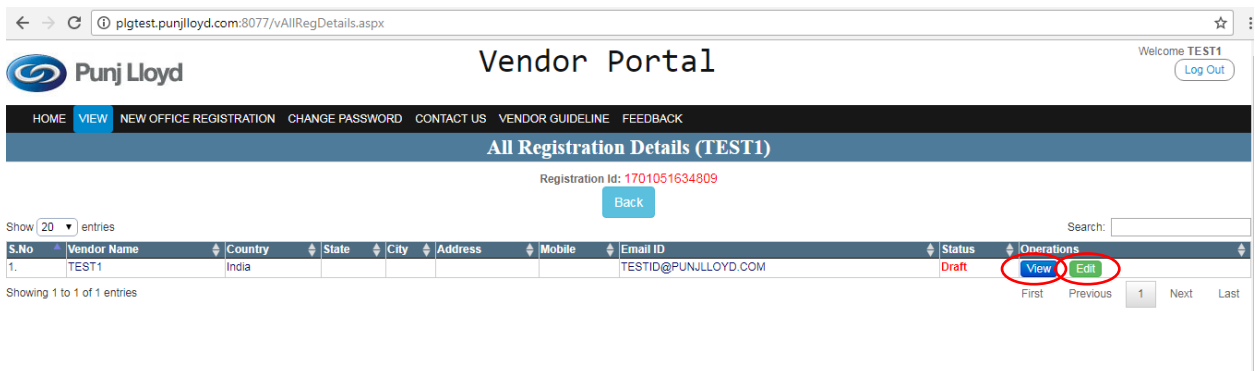
[Forgot Password?](#)
[New Vendor Registration?](#)
[Go To Home Page](#)

Step 8:



Registration Details	Click here to view for Registration details
Tagged Projects List	This will show all Tagged Details

Step 8:



Edit	Click here to edit the Vendor Registration Details
View	Click here to display Vendor Registration Details

Step 9: After click Edit below screen will display

Step 9: Click Vendor Header Details Tab.

All * Fields are mandatory.

Product Category	Select relevant product category and then click select button
Product	After Product category selection, select product.
Type of Vendor	Please choose correct Type of Vendor as you have to attach supporting documents in Required Documents in Add Site details tab.

Step 10: Click Save and Draft button to save whatever you have entered & leave this.

Step 11: Click Save and Next button after fill the details and below screen will display.

Step 12: Click Business Details Tab

Vendor Registration Form

Vendor Header Details | **Business Details** | Financial Details | Add Site Details

Save as Draft | Close

Skip and Next

Company Founded Year *
 Type of Company --Select--
 Parent Company Address
 Name of the Business / Corporate Group
 Name of the Company/Sister Concern - (Optional)
 S.No Name Add
 ISO Certification --Select--
 SSI Unit --Select--
 MSME Unit --Select--

List of Major Customers
 S.No Name * Address * Contact Person * Phone Number Mobile Number * Email ID * Website Add

Details of Major Order Taken in Last Five Years - (Optional)
 S.No Order Details Order Value Company Name Add

Details of Major Machineries - (Optional)
 S.No Machine Category --Select-- Machine Type Machine Name Add

Third Party / Public Sector Approved - (Optional)
 S.No I/P Agency Name Valid From Date Valid till Date Add

List of Major Sub-Vendors - (Optional)
 S.No Name Address Add

Save And Next

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Step 13: Click Skip and Next button to skip the current tab and go to next tab.

Step 14: Click Save and Draft button to save whatever you have entered & leave this.

Step 15: Click Save and Next button after fill the details and below screen will display.

Step 16: Click Financial Details Tab for Financial Details data

Vendor Registration Form

Vendor Header Details | Business Details | **Financial Details** | Add Site Details

Save as Draft | Close

Skip and Next

Annual Turnover of last 3 years
 Current Year * Previous Year *
 Year Before Last Year * Present Order Booking Value *
 Future Order Booking Value (Max. 3 Years) * Market Capital *
 Net Worth * Current Balance Sheet * Choose file No file chosen

PBT of last 3 years - (Optional)
 Current Year Previous Year
 Year Before Last Year

PAT of last 3 years - (Optional)
 Current Year Previous Year
 Year Before Last Year
 Listed with any Stock Exchange --Select--

Save And Next

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Step 15: Click Add Site Details Tab or Save And Next Button below Screen will come

plgtest.punjilloyd.com:8077/vendorRegistration.aspx

Punj Lloyd Vendor Portal Welcome TEST1 [Log Out](#)

HOME VIEW NEW OFFICE REGISTRATION CHANGE PASSWORD CONTACT US VENDOR GUIDELINE FEEDBACK

Vendor Registration Form

[Save as Draft](#) [Close](#)

[Vendor Header Details](#) [Business Details](#) [Financial Details](#) [Add Site Details](#) [Save](#)

Vendor Address

Address Line 1
Address Line 2
Address Line 3
Address Line 4

Country * India State/Region * --Select--
City * Pin/Zip Code *
Fax Number Phone Number *
Mobile1 * Mobile2 *

Contact Person Details

Site Name * Designation * Phone Number Mobile Number * Email ID * [Add](#)

Key Account Manager (KAM) No

Bank Details

Bank Name * Select Country * INDIA
State * --Select-- District *
Branch Number IBAN Number
Branch * Address *

MICR Code IFSC/SWIFT Code *
Account Number * Account Holder Name *
Bank Guarantee Limit Overdraft Limit
Primary Bank YES Cancelled cheque scanned copy * [Choose file](#) No file chosen

Please provide the Harmonised System of Nomenclature (HSN code) / Service Accounting code (SAC) for all the goods and services respectively, dealt between us.

Goods – Product HSN

Sl.No.	Product Name	HSN Code	Remarks

[Add More](#)

Services – Service Accounting code details

Sl.No.	Service Name	SAC Code	Remarks

[Add More](#)

Required Documents

Certificate Type	Certificate Available	Certificate Number	Attachment
PAN NO. *	<input checked="" type="radio"/> Yes <input type="radio"/> No	TESPT1234Z	Choose file No file chosen
PF Registration NO. *	<input checked="" type="radio"/> Yes <input type="radio"/> No		Choose file No file chosen
ESI Registration No. *	<input checked="" type="radio"/> Yes <input type="radio"/> No		Choose file No file chosen
CST NO. *	<input checked="" type="radio"/> Yes <input type="radio"/> No		Choose file No file chosen
Service TAX NO. *	<input checked="" type="radio"/> Yes <input type="radio"/> No		Choose file No file chosen
VAT/TIN NO. *	<input checked="" type="radio"/> Yes <input type="radio"/> No		Choose file No file chosen

GST Details

GST Supplier Type Select
GST NO. Yes No [Choose file](#) No file chosen

TDS Vendor Type Individual

Other Documents

S.No			
			Choose file No file chosen

[Add](#)

[Save](#) [Save as Draft](#) [Close](#)

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Step 15: Click Save to Save all Fields & will show to Submit Button

Step 16: Click Submit Button to Finally Submit All Vendor Registration Details for Buyer Approval

Vendor Registration Form

[Save as Draft](#) [Submit](#) [Close](#)

[Vendor Header Details](#) [Business Details](#) [Financial Details](#) [Add Site Details](#)

[Save](#)

Vendor Address

Address Line 1 *	ADD1	Address Line 2	
Address Line 3		Address Line 4	
Country *	India	State/Region *	Gujarat
City *	BAYAD	Pin/Zip Code *	4654
Fax Number		Phone Number *	5465
Mobile1 *	46546	Mobile2	

Contact Person Details

S.No	Name *	Designation *	Phone Number	Mobile Number *	Email ID *
1	CP	DES	99789	090090	T1@GMAIL.COM

Key Account Manager (KAM) No

Bank Details

Bank Name *	BANK OF AMERICA	Country *	INDIA
State *	Karnataka	District *	SADFSAD
Branch Number		IBAN Number	
MICR Code		IFSC/SWIFT Code *	FSAD
Account Number *	SADFSAD	Account Holder Name *	FSADF
Bank Gaurantee Limit		Overdraft Limit	
Primary Bank	YES	Cancelled cheque scanned copy *	doc-xml.txt

Please provide the Harmonised System of Nomenclature (HSN code) / Service Accounting code (SAC) for all the goods and services respectively, dealt between us.

Goods – Product HSN

Sl.No.	Product Name	HSN Code	Remarks

[Add More](#)

Services – Service Accounting code details

Sl.No.	Service Name	SAC Code	Remarks

[Add More](#)

Required Documents

Certificate Type	Certificate Available	Certificate Number	Attachment
PAN NO. *	<input checked="" type="radio"/> Yes <input type="radio"/> No	XSWPA1234Z	Choose file a-PjDeIrm (1).pdf

Other Documents

S.No			Attachment
			Choose file No file chosen

[Save](#) [Save as Draft](#) [Submit](#) [Close](#)

Step-1: New Office Registration

New Office Registration Form

[Vendor Site Address](#) [Contact Person Details](#) [Bank Details](#) [Goods & Services](#) [Required Documents](#)

Vendor Address

Vendor Name *	T1	Type of Vendor *	None selected
Country *	India	State/Region *	--Select--
City *	Select	Pin/Zip Code *	
Address Line 1 *		Address Line 2	
Address Line 3		Address Line 4	
Fax Number		Phone Number *	
Mobile1 *		Mobile2	
Email ID *	T1@GMAIL.COM	Currency *	INR

[Save And Next](#)

New Office Registration Form

Vendor Site Address **Contact Person Details** Bank Details Goods & Services Required Documents

Contact Person Details					
S.No	Name *	Designation *	Phone Number	Mobile Number *	Email ID *
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Office Registration Form

Vendor Site Address Contact Person Details **Bank Details** Goods & Services Required Documents

Bank Details			
Bank Name *	Select <input type="text"/>	Country *	INDIA <input type="text"/>
State *	--Select-- <input type="text"/>	District *	<input type="text"/>
Branch Number	<input type="text"/>	IBAN Number	<input type="text"/>
Branch *	<input type="text"/>	Address *	<input type="text"/>
MICR Code	<input type="text"/>	IFSC/SWIFT Code *	<input type="text"/>
Account Number *	<input type="text"/>	Account Holder Name *	<input type="text"/>
Bank Gaurantee Limit	<input type="text"/>	Overdraft Limit	<input type="text"/>
Primary Bank	YES	Cancelled cheque scanned copy *	<input type="button" value="Choose file"/> No file chosen

New Office Registration Form

Vendor Site Address Contact Person Details Bank Details **Goods & Services** Required Documents

Please provide the Harmonised System of Nomenclature (HSN code) / Service Accounting code (SAC) for all the goods and services respectively, dealt between us.

Goods – Product HSN			
Sl.No.	Product Name	HSN Code	Remarks
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Services – Service Accounting code details			
Sl.No.	Service Name	SAC Code	Remarks
	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Office Registration Form

Vendor Site Address Contact Person Details Bank Details Goods & Services **5 Required Documents**

Required Documents			
Certificate Type	Certificate Available	Certificate Number	Attachment
Other Documents			
S.No	<input type="text"/>	<input type="text"/>	<input type="button" value="Choose file"/> No file chosen

Step-1: Click CHANGE PASSWORD for to change your Password

Change Password

Old Password *

New Password *

Confirm Password *