



International Asset Reconstruction Company Private Limited

Format for Service Providers

1) Name & address (Registered and local)

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2) PAN No.

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3) Type of services provided

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4) Contact person's name and other details

Name	
Telephone	
Designation	
Email id	

5) Location / Address of other offices/ branches, if any

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6) Educational background of the proprietor / partners/ directors

Name	Qualification

7) No. of years in operation: _____

8) List of other entities to whom services provided and type of services provided:

Name of the Entity	Location	Major Assignments handled
1.		
2.		
3.		
4.		
5.		

9) Details of Empanelment, if any

Name of the Company/Bank/FI	Empanelled as
1.	
2.	

10) References from other banks and non-bank entities.

Please provide relevant references

11) Details of Infrastructure:

Present Staff strength	
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12) Any other information you wish to provide

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Date:

Signature: