(On Company/ Firm's Letterhead)

(Annexure-C)

(TECHNICAL BID)

(**CARE**: All documents marked with asterisk mark [*] are to be uploaded)

The Deputy General Manager (Retail Loans)
State Bank of India, **Date:**
1st Floor, Local Head Office **Place:**
Bhopal-462011

Dear Sir,

EMPANELMENT OF VERIFICATION AGENCIES

With reference to State Bank of India advertisement dated **04.11.2026** regarding empanelment of Verification Agencies, we submit requisite information as follows:-

S. No.	Particulars	Details
1	**CONSTITUTION OF THE COMPANY/ FIRM**	
	a) Constitution of the Company (Private/ Public/or partnership or Proprietorship)	
	b) Registered Office Address	
	c) Local Office Address	
	d) (Whether Hired/ Owned)	
	e) Date of Incorporation/ Commencement of Activity	
	f) Name & Address of Associated Concern (if any)	
	**** Submit a copy of Memorandum and Articles of Association/ Registration of Firm/ Partnership Deed/ Proprietorship document (only relevant pages)*** **** Submit a copy of Certificate of Incorporation/ Commencement of Activity***	
2	**DETAILS OF THE DIRECTORS/ PARTNERS/ PROPRIETOR**	
	a) Name of the Director(s)/ Partners/ Proprietor	
	b) PAN of Director(s)/ Partners/ Proprietor	
	c) Mobile Nos. of Director(s)/ Partners/ Proprietor	
	d) Landline Nos. of Director(s)/ Partners/ Proprietor	
	e) E-mail IDs of Director(s)/ Partners/ Proprietor	
	**** Submit copies of individual PAN of Directors/ Partners/ Proprietor***	

3	**KEY CONTACT PERSON**	
	a) Name	
	b) Designation	
	c) Mob. No./Tel. No.	
	d) E-mail ID	
	e) Fax No.	
4	**PAN/ TAN/ GST OF THE COMPANY/ PARTNERSHIP**	
	Goods & Services Tax (GST) Identification No.	
	PAN	
	TDS Account No. (TAN)	
	**** Submit copy of PAN/ TAN/ Goods & Services Tax (GST) Identification No.***	
5	**ACTIVITIES OF THE COMPANY**	
	Activities/ Products/ Scope of work undertaken	a)
		b)
		c)
		d)
		e)
		f)
6	**AREA(S) OF OPERATION (PLEASE SPECIFY)**	
	Name of States	
	Name of the Cities in MadhyaPradesh & Chhattisgarh	
	(The Agency which is not operating from Bhopal/Indore/Gwalior/Jabalpur/Raipur or MadhyaPradesh & Chhattisgarh should furnish a detailed write-up only in hard copy about the manner in which contract will be operated on day to day basis.)	
	**** Submit Certificates evidencing Area of Operations in the country (Certificate from Banks/ FIs)/ Copy of Agreement***	
7	**PAST EXPERIENCE OF VERIFICATION WORK OF THE COMPANY**	
	****Submit Documents/ Certificates from Banks/ FIs regarding past experience in conducting necessary customer point verification for a Bank/ FI (to covers up to 10 years of experience)***	

8	**EXISTING BANK CLIENTELE**			
	S. No.	**Name of the Nationalized Bank**	**Services**	**Providing Services since (DD-MM-YY)**
	i)			
	ii)			
	iii)			
	iv)			
	v)			
	vi)			
	**** Submit a list of present Banking Clientele along with the relevant Certificate/ Copies of Agreements from all the Banks/ Financial institutions***			
9	**OPERATIONAL EFFICIENCY – WITH EXISTING BANKING CLIENTELE**			
	Name of Service		**TAT (Avg. TAT of final submission of verification reported in no. of Days)**	
	Physical Verification of Residence & Office/ Tele-calling Residence & Office/ Verification of Income such as salary slip, Form 16, IT returns etc.			
	**** Submit TAT Certificates issued by Banks/ FIs where they are providing these services (should be verifiable through Data/ MIS of agency or existing Banking Clientele)***			
10	**STAFF STRENGTH**			
	b)	Field Staff		
	c)	Supervisory Staff)		
	**** Submit Statement of pay roll/ EPFO/ Labour Department giving designation-wise details of staff***			
11	**TECHNICAL CAPABILITY**			
	Total No. of Offices/ Branches			
	**** Submit a list Total No. of Offices/ Branches in the country (state-wise/ city-wise)***			
	Infrastructure Details Required (including all offices)		a) Total no. of Computer Systems - ☐ b) Total no. of Scanners - ☐ c) Total no. of Geo-tagging Cameras - ☐	

12	**FINANCIAL INDICATORS FOR LAST 3 YEARS (in Crs.)**			
		2023-2024	**2024-2025**	**2025-2026**
	Profit/ Loss			
	Turnover			
	**** Submit Copies of Audited/ Certified Balance Sheet and Profit & Loss Account Statements of FY 2023-2024, FY 2024-25, FY 2025-26***			
13	**SERVICES TO SBI, IF ANY?**			
	I) Currently (Yes/No)			
	ii) In the Past (Yes/ No)			
	If yes, details of both existing & past services			
	S.	**Name of the Office & Address**	**Period**	**Nature of Services**
	i)			
	ii)			
	iii)			
	iv)			
	v)			
	vi)			
14	a) Whether de-paneled/ debarred/ removed from SBI and/ or any other financial institution's panel in the past?			
	b) Whether declared as insolvent or any insolvency petition pending in any court?			
	c) Whether any criminal proceeding is pending or have ended up in conviction against the Agency including its Directors/ Promoters/ Partners in Court?			
	d) Whether blacklisted by Central Govt., any State Govt., RBI, IBA, SEBI, Bank or any Regulatory body/ authority, Govt. Deptt. PSU or a Corporation during last 3 years?			
15	Any other information you would like to provide			
	****Please provide at least 2 references from existing Clientele, acceptable to the Bank***			

Certified that all the statements/ documents/ copies of Agreements/ data enclosed to Annexure-C pertains to the Company/ Firm and are true & correct in all respects.

Certified that the information furnished above is true and verifiable and bank reserves the right to cancel our bid, if found otherwise.

CARE:* ***All documents to be uploaded as well as hard copy of the same to be enclosed with uploaded copy of Annexure-C and sent by registered post/ courier/ speed post.***

Yours faithfully,

Authorised Signatory
(Company Firm/ Seal)
Name of Authorised Signatory :
Designation :
Date :

TOTAL NO. OF DOCUMENTS ENCLOSED TO *ANNEXURE – C* = ☐

TOTAL NO. OF PAGES = ☐