FORMAT (OTS-F-07)

ORDER ACCEPTANCE FORMAT

To

MAZAGON DOCK LIMITED OUTSOURCING DEPARTMENT MUMBAI 400 010.

ATTN:			
REF: YOUR ORDER/ CONTRACT	No.:	Dated:	·
OUR REF.:	Dated:	.	
We are pleased to accept the above related to the above Order/ Contract is		d the terms and conditions therein.	The information
Name of the contact person:			
Tel.: Fax: Mobile No.: E-Mail address:			
SIGNATURE:			
DATE:			
NAME:			
DESIGNATION:			
COMPANY'S NAME ADDRESS &	z SEAL:		
<u>REMARKS</u> :			