DISTRIBUTOR APPLICATION FORM

1. NAME OF APPLICANT FIRM: _____

2. ADDRESS: _____

_____

MOBILE / PHONE NO.: _____

E-MAIL ID: _____

3. STATUS OF FIRM: PROPRIETOR / PARTNERSHIP / LIMITED / OTHERS 4. DETAILS OF PROPRIETOR / PARTNERS / DIRECTORS

SL. NO.	NAME	FATHER'S/ HUSBAND'S NAME	DATE OF BIRTH	QUALIFICATIONS

5. TAX REGISTRATION DETAILS:

a) PAN / IT NO. (Enclose Copy): _____

b) GSTIN / UIN (Enclose Copy): _____

c) FSSAI NO. (Enclose Copy): _____

d) IEC CODE (Enclose Copy): _____

6. BANK DETAILS:

a) ACCOUNT HOLDER NAME: _____

b) ACCOUNT NO.: _____

c) ACCOUNT TYPE: _____

d) BANK: _____

e) BRANCH: _____

f) IFS CODE: _____

g) AUTHORIZED SIGNATORY NAME: _____

7. PRESENT BUSINESS TURNOVER:

SL. NO.	NAME OF COMPANY	TURNOVER

8. LAST THREE YEAR'S TURNOVER OF THE FIRM:

YEAR	TURNOVER

9. BRANCHES (if any) ADDRESS: _____

10. NO. OF EMPLOYEES:

11. PROPOSED INVESTMENT IN OUR BUSINESS: _____

12. INTERESTED AREA OF OPERATION: _____

13. DELIVERY DETAIL:

a) ADDRESS: _____

b) CONTACT PERSON: _____

c) PHONE / MOBILE NO.: _____

14. SECURITY DEPOSIT DETAILS:

a) DRAFT / CHEQUE NO.: _____ DATE: _____

b) AMOUNT: _____

c) BANK & BRANCH: _____

d) IFS CODE: _____

PARTY SEAL & SIGNATURE DATE: _____

==========

FOR OFFICE USE

The Party has been visited by …… and the above particulars have been verified.

_____ _____

Verification Officer **Sales Officer**