

PROPOSAL FOR APPOINTING DISTRIBUTOR FORM

NAME OF CONCERN PERSON : _____

NAME OF PARTY M/s. : _____

POSTAL ADDRESS : _____

PHONE NO : 1) _____ 2) _____

FAX NO. : _____

MOBILE NO. : _____

E MAIL ID. : _____

D.L. NO. 20B : _____

D.L. NO. 21B : _____

VAT NO. : _____

CST NO. : _____

NAME OF BANK : _____

PAN NO : _____

SECURITY CHEQUE DETAILS : _____

NAME OF TRANSPORT : _____

D.O.B OF PROPRIETOR/ PARTNER: _____

ANIVERSARY DATE PROPRIETOR/ PARTNER: _____

PRESENTLY ASSOCIATED WITH COMPANIES

Name of Company 1. _____ Turn over _____

2. _____ Turn over _____

3. _____ Turn over _____

GODOWN ADDRESS (if any): _____

Terms & Conditions: * Payment should be 30 days from the Date of L.R.

I agree to work as per the company rules which have been explained to me.

Structure of firm (Pl.Tick) Partnership ()

Proprietor Ship ()

Date: _____

Seal & Stamp of Firm