

STOCKIST'S / DISTRIBUTOR FORM

FIRM NAME: _____

FIRM ADDRESS: _____

Telephone No. -(Shop)- _____ (Resi)- _____

(Mobile)- _____ , _____

CST Tin.no.& Date:- _____

Drug Lic No.- _____ Valid Upto- _____

Year of establishment _____ Local S.T.Tin.No.& date: _____

NATURE OF FIRM: Sole Proprietor Partnership Joint Family Pvt. Ltd

Name(s) of Proprietors/Partners/Directors-

1.	
Name-	
Birth Date-	
Fathers Name-	
Wife Name-	
Wife's Birth Date-	
Mobile No.-	
Anniversary Date-	

2.	
Name-	
Birth Date-	
Fathers Name-	
Wife Name-	
Wife's Birth Date-	
Mobile No.-	
Anniversary Date-	

Name of Manager (if any)- _____

TOWN:	STATE:	POPULATION:
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Market closed on- _____ No. of Genl. Merchants- _____

No. of chemists- _____ No. of Wholesalers- _____

No. of schools- _____ No. of Colleges- _____

FACILITIES AVAILABLE

a) Vehicles

No. of van	No. of Scooters	No. of Handcarts	No. of Cycle Rickshaws	No. of Cycles	No. of Auto Rickshaws

b) Godown-

No. of Godown	Total Area Sq. ft.	Area for Company's Products

c) Salesmen-

No. of salesmen	Educational Qualification	Experience	% of Time spend for our products

Other Agency Lines Handled- _____

Name of Agencies	Major Products	Total no. of Products	Whether acting as dist./stockist/w/s	Annual Sales	Commision %	Terms of Payment-

Name and address of Bankers

Assets

Bank- _____
 A/c No.- _____
 RTGS/NEFT IFSC Code- _____
 Branch Address- _____

Land Building
 Godown Car
 Total value- _____

Up country markets covered:-

No. of outlets served- Wholesale Retails Institution

Special Information if any:- _____

NOTE- Please do not give cash / goods to any field staff unless there is written permission from the Head Office to do so.

Date- _____

Sign & Name of S.O.

Sign & Name of ASM

Sign & Name of RSM

Sign & Seal
 Stockiest / Distributor