



Registration of Distributor / Dealer

Company Name : _____

Branch Office Address : _____

Constitution : Proprietary / Partnership / Pvt. Ltd. / Other _____

Category : Trader / Manufacturer / Authorized Dealer / Other _____ Tel. (Incl. STD code) : _____

Address : _____ Is your firm part of a large organization? Yes / No

Name of Company : _____

Are you ISO certified? Yes / No

Land Mark : _____ Certification body : _____

Tel. (Incl. STD code) : _____ Products in which you deal : _____

Tel. (Incl. STD code) : _____

Email ID _____ Total Yearly Sales of all Products : _____

Email ID _____ Authorised Distributorship : _____

Name Of Director(s) : _____ Dealership : _____

Prop(s)/Partner(s) : _____

Contact Person 1 : _____

Designation : _____

Mobile No.: _____

Contact Person 2 : _____

Designation : _____

Mobile No.: _____

Year of Establishment : _____

VAT TIN No.: _____

CST TIN No.: _____

● Total Strength :

	Sales	Service	Admin Staff	Office Assistant
Nos.				

Major Customers :

Govt.	Corporate

Others Customers : _____

Working Hours : _____

Weekly Off : _____

Signature, Stamp & Seal of the Company _____

Place : _____ Date : ____ / ____ / ____

Assessment done by : _____

Sign _____ Date : ____ / ____ / ____

Remarks : _____

Team Work