

*: BioData :*

1. *Name of Party* : \_\_\_\_\_
2. *Office Address* : \_\_\_\_\_  
\_\_\_\_\_
3. *Residence Address* : \_\_\_\_\_  
\_\_\_\_\_
4. *Contact Person(s)* : \_\_\_\_\_
5. *Phone No.* : \_\_\_\_\_
6. *Drug Licence No.* : \_\_\_\_\_
7. *S.T. Tin No.* : \_\_\_\_\_
8. *G.S.T. Tin No.* : \_\_\_\_\_
9. *PAN No.* : \_\_\_\_\_
10. *Preferred Transport* : \_\_\_\_\_
11. *Banker's Name & Address* : \_\_\_\_\_  
\_\_\_\_\_
12. *Territory Coverage* : \_\_\_\_\_
13. *Present Turnover* : \_\_\_\_\_
14. *Proposed Turnover* : \_\_\_\_\_
15. *Security Deposit* : \_\_\_\_\_
16. *Email ID* : \_\_\_\_\_

*Terms & Condition:*

*After finalization from your side for this company, So please send*

1. *One advance "C" Form*
2. *Security Deposit Draft*
3. *Road permit if applicable*

*Date* : \_\_\_\_\_

*Place* : \_\_\_\_\_

**ZUBIT LIFECARE**