

## PROCEDURE FOR STOCKIST APPOINTMENT

- 1) RSM and above rank staff will visit the stockiest in person and evaluate the suitability of the party.
- 2) The approval for appointment will be given by the NSMs only.
- 3) RSM will share the following details with Distribution Manager:
  - a) Complete Name of the Party, Complete Address with Pincode and Phone no.
  - b) Constitution of the firm-whether it is Proprietorship/Partnership/Limited etc
  - c) Complete Names of the Proprietor/Partners/Directors of the firm.
- 4) Distribution Dept will forward the Stockist Agreement and Stockistship Application to the concerned Field staff.
- 5) The Stockist Agreement need to be signed/Stamped by all the Proprietor/Partners / Directors of the firm on each sheet. Original signed/stamped Agreement to be sent to Distribution Manager along with completely filled in Stockist appointment form.
- 6) The following documents also need to be sent to Distribution Manager:
  - a) Drug License Copy.
  - b) VAT Registration Certificate Copy.
  - c) CST Registration Certificate for Inter State billing stockists.
  - d) Proprietor/Partners/Directors PAN Card Copy.
  - e) Original signed Security Cheque without date drawn on 3C Pharmaceuticals Pvt. Ltd.
  - f) Food License Copy
  - g) One Invoice copy of all the companies that the party is dealing with,**
  - h) Detailed justification for appointing the party note by RSMs.**
- 7) After final approval by SBUH Distribution Dept will be forward Original offer letter along with 2 photocopies to the concerned ASM/PSR. One original offer letter is to be submitted to the stockiest and his sign and stamp taken on the both the photocopies as a token of acknowledgement and acceptance of the terms and conditions specified in the offer letter.
- 8) One copy of the acknowledged offer letter with the stockiest sign and stamp has to be returned to the distribution dept and the second to the C&F/CSA.
- 9) Billing will start when the above Stockist acknowledged offer letter is received by the HO and C&F/CSA and order along with the PDC is received by the C&F/CSA.
- 10) Please explain 3C Distribution Policy in detail to the stockist during the initial discussion itself.
- 11) Please allow at-least 3 working days for HO to complete the processing of New Stockist Appointment.
- 12) Avoid sending Stockist appointment applications after 20<sup>th</sup> of any month.



## 3C Pharmaceuticals Pvt. Ltd.

### STOCKIST APPOINTMENT APPLICATION

1	Complete Name of the Firm :	
2	Complete Address of the Firm : (with PINCODE)	Pincode:_____
3	Constitution of Firm (whether partnership, proprietorship, or a Ltd Co). Attach Partnership Deed/MOA if applicable. :	
4	Name/s & Address of Proprietor/Partners/Directors :	
5	Phone No of the shop with STD Code :	
6	Mobile No of the Proprietor :	
7	Email id of the Proprietor :	
8	Name of the Person managing the Firm with Contact/Mobile No. :	
9	GST/TIN/VAT No. & Date :	
10	CST Registration No :	
11	Proprietor/ Partner PAN Card No :	
12	Drug License 20B No. & Date :	
13	Drug License 2 IB No. & Date :	
14	Trade License No.& Date :	
15	Food License Reg No. & Date :	

16	Whether any person related to 3C Pharmaceuticals Pvt Ltd. If yes furnish details	
17	Specify the Companies/Divisions you represent as Direct Stockists /Distributors  <b>Note: Compulsory to attach at-least one current month Invoice photocopy of each company.</b>	1) (Submit 1 Inv copy) 2) (Submit 1 Inv copy) 3) (Submit 1 Inv copy) 4) (Submit 1 Inv copy) 5) (Submit 1 Inv copy)
18	Area of operation (entire city or part). In case of part coverage, please specify the areas covered.	
19	Godown Area in Square Feet :  Refrigeration available Yes/No:	
20	a) No of Sales Men : b) No of Delivery Boys : c) No of Retailers/Institutes covered:	
21	Credit period to Chemists/ Hospitals	
22	Cash discounts to Chemists / Hospitals	
23	Turnover & Investment Limit :	
24	Preferred Transporters : Name at-least three transporters	1) 2) 3)
25	Name, Branch & Address of Bankers (Nationalized/ Scheduled Banks only)	

The above information is correct to the best of my knowledge and belief and in case any discrepancy is found in the same at any time I will be solely held responsible for any consequences thereupon.

Agreement:

- 1) I agree that I am not supposed to give cash or stock to 3C Pharmaceuticals Pvt Ltd field staff & if given the company or its C&F/CSA will not be held responsible.
- 2) I agree to abide by the 3C Pharmaceuticals Pvt Ltd distribution policy at all times.
- 3) I agree to give AT PAR Post Dated Cheque of maximum 7/21/30 days along with every order.
- 4) In case my Cheque is dishonored 3C Pharmaceuticals Pvt Ltd is authorized to debit Rs 500/- towards bank charges for each dishonored cheque.
- 5) In the event of payment default by me 3C Pharmaceuticals Pvt Ltd is authorized to take suitable steps for realization of outstanding dues including presenting my security cheque if any for clearance.

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

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

Sign & Stamp of Stockist

**TO BE FILLED BY THE RM & RATIFIED BY NSM**

1) Stockist Name: \_\_\_\_\_

	Specify the HQ / Area / Region (do not write FF Name) for Each Div.		
Div	Main Div	CVDiv	CNS Div
HQ			
Area			
Region			

2) Is the stockist being recommended - ADDITIONAL (     ) or REPLACEMENT (     )

3) If Replacement - against which stockist: \_\_\_\_\_

4) Territory Details:

	Stockist Name	Last 3 months Avg Sec Sales	Active / Inactive	Current OS in Rs	OS Collection Plan	
					Date	Amount
1						
2						
3						
4						
5						
6						
	<b>Total :</b>					

5) Expected Avg Sec Sales in the coming 3 months - This party: \_\_\_\_\_ Tot HQ: \_\_\_\_\_

6) If existing stockist is being terminated -by what date his total OS will be cleared: \_\_\_\_\_

7) Party visited personally - By ASM on \_\_\_\_\_ and By RSM on \_\_\_\_\_

8) Security Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_

9) Party will give AT-PARPDC for 1<sup>st</sup> Invoice: YES(     )NO(     )& For ALL Invoices: YES(     )NO(     )

10) Credit period to be given for 1st Invoice: \_\_\_\_\_ days, All further Invoices: \_\_\_\_\_ days

11) Does the party deal with all the retailers being covered by us in the town: YES (     ) NO (     )

12) If NO how many retailers being covered by us party is not dealing with: \_\_\_\_\_

13) RMs to give brief justification for appointment of this stockist with detailed note on coverage, suitability to our company and plan for clearing the total outstanding of territory



---

Name/Date/Sign of RSM  
Recommended for appointment

---

Name/Date/Sign of SM  
Approved for appointment