Wimar Pharmaceuticals (Pvt.) Limited

Customer Services Request Form

OPO / SOPO Name: _____ Base Town: _____ Date: _____

AASM/ASM: _____ Base Town: _____ CSR No: _____

ACTIVITY DETAILS

Activity Detail: _____

_____ Required Date:_____

Activity From: _____ To: _____

CUSTOMER DETAILS

Dr. Name: _____ Area: _____ Spec: _____

Address: _____ Mob: _____

BUSINESS DETAILS

Present Business: _____ Estimated Business: _____ Estimated Cost: _____

Fantic:_____ Oltdin: _____ Moxiword:_____

Ront: _____ Zopamide: _____ Lutex: _____

_____: _____ _____: _____ _____:_____

OPO/SOPO: _____ AASM/ASM: _____ SM: _____

APPROVED BY

Business Unit Head: _____ Chief Executive Officer: _____

FINANCE DEPARTMENT

Received By: _____ Finance Issued By Cheque: _____

Finance Manager: _____ Finance Issued By Cash: _____