

# Prime Fresh Limited



Name of Employee: \_\_\_\_\_

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

Please fill in the form with CAPITAL letters

## Customer Empanelment Form

Division; F&V Division

Name of the Organisation.						Photograph attached?	
Type of Organization	Proprietor	Partnership	Private Ltd.	LLC	Public Ltd.	Others (please specify)	
Address 1							
Address 2							
Location							
City			State			Pincode	
Primary contact Number - 1				Contact Number - 2			
email id (primary)				email id (Secondary)			

# Prime Fresh Limited



## Key Mobile Numbers

Accounts Dept.	Name	Mobile No.	Owner or decision Maker	Name	Mobile No.
Mandi licence Number				Please attach a copy	
Registration Number of Shops & Est. Cert.				Please attach a copy	
Electricity Bill (recent)	Yes/No	If yes, Consumer Number	Copy attached or not	if not attached reason	
Whether Customer was blacklisted by any company or authority			Yes/No	If yes, reason	
Black listed By					
Visiting Card Collected	Yes/No	If yes, Contact Number	Copy attached or not	if not specify reason	
<b>References-1 - Name, Address and contact Number</b>			<b>References-2 - Name and contact Number</b>		
<b>Name</b>			<b>Name</b>		

# Prime Fresh Limited



Address -1		Address -1	
Address - 2		Address -2	
Address - 3		Address - 3	
Contact No.		Contact No.	

## Billing Details

Billing Name/ Regd. Name		Contact person's Name			
Commonly Known as					
Address 1					
Address 2					
Location (collect add. Proof)					
City		State		Pincode	

# Prime Fresh Limited



Contact Number - 1		Contact Number - 2	
email id (primary)		email id (Secondary)	
Billing Format	<i>Please collect the billing format from the customer/vendor</i>		

## Delivery Details

Address 1							
Address 2							
<b>Location (collect add. Proof)</b>				Delivery Time			
City			State			Pincode	
Receiving Persons name				Receiving persons mobile no.			
Receiving persons alternate Number							
email id (primary)				email id (Secondary)			

# Prime Fresh Limited



*Please communicate the delivery persons or address change to us to serve you better)*

## Statutory Details

PAN Number		Copy of PAN Card	yes attached, but not self-attested		
Aadhar Card No.		Copy of Aadhar Card	yes attached, but not self-attested		
GST Registration Number			Copy of Registration certificate		
Copy of Bill Book or Bilty attached					
Details of certifications	ISO	APEDA	FSSAI	Any other certifications	
Corporate Registration details	MSME	details of other registrations if any			
Copy of incorporation certificate duly signed by the director if it is a corporate client			CIN No.		

## Bank Details

Copy of Cancelled cheque attached	Yes/No.	If No, reason for the same	
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# Prime Fresh Limited



Type of Account	Savings	Current	Cash Credit	Over Draft Account	Others (specify)	
Copy of recent three months bank statements			verified copy of statement or not			
Bank Account Holder's Name						
Name of the Bank				Bank Branch		
Bank Account Number				IFSC code		
Address of Bank & Branch						
Location/City		<b>Please enclose a cancelled cheque</b>				

Product Specifications (refer annexure if required)					
Name of Articles	Specifications	Parameters	Packing Materials Spec.	Rejection Criteria	Comments if any

# Prime Fresh Limited



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## Payment Terms

Payment to be made	Advance	Against delivery	50% advance	Others Specify		
Mode of Payment (specify)	Cheque	Demand Draft	NEFT or RTGS	Others Specify		
Margin/Deposit mutually agreed		RTV	Yes/No	Agreement Executed		Yes/No
Security Deposit details	Cheque No.	Amount		L/C		B/G
Initial Exposure Limit			Revision of Exposure Limit	Reason with documentary evidence		

## Declaration

# Prime Fresh Limited



I/We hereby declare that the particulars furnished above are correct and complete. The financial information provided above is to be used by PFL for making payment or receiving payment through electronic mode. I request and authorize PFL to effect payment through electronic mode to my/our bank account as per the details mentioned above. If any transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information provided as above or any error made by the Bank(s), the Company (Prime Fresh Limited) shall not be held responsible. I/We hereby undertake to inform the Company immediately of any change in my/our bank/branch and account number.  
No column to be left Blank. All Documents provided should be legible to ensure correctness of the details specified above.

Name & Signature of the Customer		Designation		Date	
				Place	Stamp of customer

## For Office Use Only - to be filled by PFL representative

Proposer/BD Name		Recommended by		Approved By	
Signature & Date		Signature & Date		Signature & Date	
PFL Co-ordinator		Dispatch Location -PFL		Relationship Manager	
Expected average monthly Billing			Volume in Tonnes per month		



# Prime Fresh Limited



Customer verification completed?		Yes	No	If yes, by which agency and validity		Due diligence done?	
Renewal of Credit worthiness due		6 months or 12 months		Key Account Person assigned		since when	
Ledger Created date		Ledger created By			Ledger verified & Approved By		
Any other description & Brief of the customer requirement							
<b>Brief Note on feasibility of conducting business and customer acceptance policy of the PFL permits the customer</b>							
Customer Code		Created By			Created Date		
<b>Note: Ensure that Customer requirement sheet(s), product specifications including packing details are attached as a separate document and marked as annexure. Customer SOP, Business Transaction document and a copy of the Profile of the customer are collected/ created and attached along with this form</b>							

**\* Mandatory to fill in the details**

**# Mandatory to submit photocopy of certificate**

**Registered and Admin. Office:**

102, Sanskar 2, Polytechnic Road, Near Ketav Petrol Pump, Ambawadi, Ahmedabad - 380 015