

## DISTRIBUTORSHIP APPLICATION FORM

*please paste your  
passport-sized  
photograph here*

### Guidelines:

1. Please enter all relevant details. Do not keep any details vacant/unfilled.
2. In case of questions with multiple options, please tick the appropriate answer.
3. In case you wish to provide any additional information, please attach a separate sheet.
4. Attach your current updated CV and business card along with this application form.

### PLEASE WRITE IN BLOCK CAPITALS

Title (Dr/Mr/Miss/Ms)

Full Name:

Address:

Telephone / Mobile Number:

Email:

Date of Birth:

Gender: M F (circle as appropriate)

Married: Y N (circle as appropriate)

## SECTION I: PERSONAL FACT SHEET

Educational Qualification (beginning with the most recent):

Qualification	Year of Passing	Name of Institution

Current Occupation: (Please Tick)

a) Service ☐

b) Business ☐

c) Both ☐

**To be filled in by those in service**

Name of the current employer: \_\_\_\_\_

Designation: \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

Period	Organization Name	Designation	Responsibilities

**All information provided here will be kept strictly confidential and will not be used for any other purpose**

**To be filled in by those in business:**

Company Name(s)	Proprietary/ Partnership/ Private Ltd./ Public Ltd.	Nature of Business	Products / Services offered	Years in Business	Number of People Employed	Turnover (Rs.)
						Last 3 Years

**Does your professional background involve any of the following? (Please tick the appropriate box)**

1. Marketing/Sales ☐

2. Health Care ☐

3. Education/Training ☐

4. Profit Center Management ☐

5. Small Business Mgmt. ☐

6. Other (Specify) ☐

**Are you currently associated with any professional group/association?**

Yes ☐

No ☐

**If yes, give details:** \_\_\_\_\_

## SECTION II: THE PROPOSED CENTRE

**How do you propose to set up the center?**

Proprietorship ☐

Partnership ☐

Private Ltd. ☐

Public Ltd. ☐

Society ☐

Trust ☐

**Is the Proprietorship/Partnership/Company/Already in existence?**

Yes ☐

No ☐

If yes, what is the name of the Business/Firm/Company \_\_\_\_\_

City Town where you propose to setup the new venture \_\_\_\_\_

located in the state of \_\_\_\_\_

Which Division do you want ?

☐ Division (A) FMCG

☐ Division (B)  
TOBACCO

☐ Division (C)  
Stationery

☐ Division (D) Personal Care

**Do you already possess a site?**

Yes ☐ No ☐

**All information provided here will be kept strictly confidential and will not be used for any other purpose**

If no, do you have a site in mind?

☐ No

☐ Yes

**Please give details of the site:**

Nature of Agreement* Ownership/ Rental/Long Term Lease	Period of Lease	Tiled/Carpet Area	Location: Commercial Area/ Residential Area (Address)
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	From: _____ To: _____		
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In case you do not have a site, do you plan to take on rent?

Yes ☐ No ☐

If yes, within how many months? \_\_\_\_\_

8. How much funds are you willing to invest?

☐ 5-10 Lakh

☐ 10-20 Lakh

☐ 20-30 Lakh

**What efforts/initiatives would you put in to make this business a success?**

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**State reasons why ITC Limited Meds kills should consider you as a business partner.**

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**Date: Signature:**

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