

DISTRIBUTORSHIP FORM

Application Form No

Code:

Affix passport
size
photograph
and sign
across

A. Name of the Applicant:

1. Name of the Firm/Shop:

2. Address of the Firm/Shop:

.....

3. Phone No. (With STD code): Mobile No:

Fax No. :..... E-mail:

4. Details of Bank A/c. :

a) Name and address of Bank:

.....

b) Type of A/c. (tick✓): Savings Current Other (Please specify):

c) Account No. :.....

d) Name of authorised signatory:

(Attach last six month's Bank Statement)

5. Name of firm/company under which dealership exist :

S. No	Company Name	Products	Quantity	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				

6. Status of firm (tick✓): Proprietorship Partnership Limited Company Private Ltd. Co.

(For partnership firms enclose copy of partnership Deed for Companies Memorandum Articles of Association)

7. Details of Proprietor/Partners/Directors:

Sl.	Name	Date of Birth	Father's/Husband's name	Marital status
1.				
2.				
3.				
4.				

8. Name and address of associate firm(s):

9. Turnover:

10. Details of Security Deposit:

DD/Cheque No.:

Date: Amount:

Bank:

Payable at:

- B. 1. Last three years turnover of your firm (in Rs. Lacs/Cores)

(I)..... (ii)..... (iii).....

2. Please indicate how much you wish to invest in this dealership/distributorship (in Rs. lacs):

3. Are you a registered dealer? Yes No

(a) Sales Tax registration No: (b) GSTIN :

- C. 1. Indicate number of persons employed in your firm (including active partners):.....

- D. 1. Do you have godown facility? Yes No

2. Indicate size and capacity of godown.

3. Address of godown:

Attach copy of Pesticides/Insecticides/Fertilizers license.

4. Expected Minimum sales per month :

Place:

Date:

Signature of the applicant(s)

(with rubber stamp)

Date:

To,

HD DRINKS & BEVERAGES

DECLARATION

I/We do hereby declare that the information furnished herein is correct to the best of my/our knowledge and belief. For any incorrect information/mis-information furnished herein and for non-compliance of company's policies formulated from time to time, I/We agree that:

1. The Company shall have the absolute right to reject my/our application for appointment as dealer.
2. The Company reserves the right to terminate my/our dealership without any notice and assigned any reason.
3. The Company shall have the right to forfeit or adjust the whole or part of my/our Security Deposit with them in the manner they may deem fit.

Signature of the applicant(s)

(With rubber stamp)

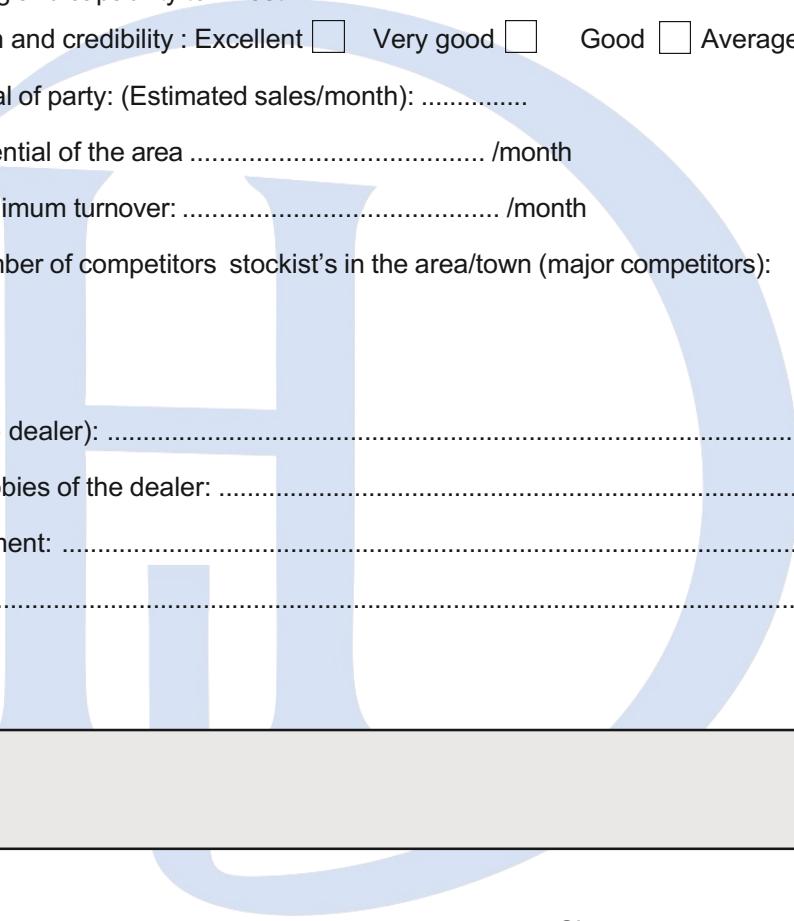
FOR OFFICE USE ONLY

Comments of sale promoter Agent/Area Manager

Application form No:

Code:

1. Location of business/premises:
2. Godown capacity :
(a) Area in sq. feet: (b) Capacity in bags:
(c) Construction: Permanent Temporary
3. Experience and capability :
4. Financial standing and capability to invest :
5. Market reputation and credibility : Excellent Very good Good Average Poor
6. Business potential of party: (Estimated sales/month):
7. Total market potential of the area /month
8. Assurance of minimum turnover: /month
9. Approximate number of competitors stockist's in the area/town (major competitors):
10. No. (Name of the dealer):
11. Interests and hobbies of the dealer:
12. Special achievement:
13. Credit limit:

Remarks (if any)

Signature:

Name: