

6) **Your PAN No.** :

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(Please attach photocopy of PAN Card)

7) **Your Aadhar No.:**

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(Please attach photocopy of your Aadhar)

8) **Bankers Name and Address :**

(Nationalised/Private Banks Only)

Please attach 3 Security Cheques No:

9) a) **Date of Registration/ Incorporation/ Formation of Business** :

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b) **Date of Commencement of Business :**

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10) a) **Products traded (retail) :**

1) 2)..... 3).....

4) 5)..... 6).....

b) **Distributors of (Please attach copies of appointment letters in case of distributorship):**

1) 2)..... 3).....

4) 5)..... 6).....

11) **Business Turnover:** (Amount in Rupees)

	31/03/2017 (Audited*)	31/03/2018 (Audited*)	31/03/2019 (Estimated)
From Trading Activities (Retail)
From Trading Activities (Distributorship)
From Others
Total	----- =====		

(*Place attach photocopy of Audited Balance Sheet and P&L Account for better Credit Rating.)

12) **Number of Retail outlets covered** :

--	--	--	--

Zone _____

- a) **Areas been covered in mentioned zone** : _____

- b) **Market Closing Day** : _____

13) **Infrastructure facilities**

- a) No. of Partners/ Directors actively looking after the business : _____
- b) No. of Senior Sales Managers Supervisors : _____
- c) No. of Sales representatives : _____
- d) **Vehicles used for distribution** :

Sl. No.	Vehicle Type	Model	Owned/ Hired

14) **Financial Returns:**

- a) What is the turnover expected to sell in the first three months :
- i) First: _____ (ii) Second: _____ (iii) Third: _____

15) **Product Awareness:**

What is the most effective medium for sales and marketing in your zone and areas

- a) _____
- b) _____
- c) _____

16) **Go down address and Information**

- a) **Go down Address and Tel. Nos.** :

Address	Tel. No.	Area (Sq. Ft.)	Insurance Valid Upto

Declaration

THE ABOVE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE .

I/WE UNDERSTAND THAT THIS IS ONLY AN APPLICATION FOR SELECTION PURPOSE AND DOES NOT GURANTEE OR AUTOMATICALLY APPROVE MY APPLICATION

I/WE AUTHORIZED SHANKSHWARA FOOD PROUCT PVT LTD TO TAKE ANY REFERENCE IF REQUIRED

I/WE AGREE THAT IN CASE MY APPLICATION IS REJECTED, I/WE SHALL NOT HAVE ANY CLAIMS AGAINST SFPLL AND SFPLL HAVE THE RIGHT OF APPOINTING A C.S.A, SUPER STOCKIST OR STOCKIST AS PER THEIR NEED AND DESIRE AND THEIR DECISION IN THE ABOVE SHALL BE FINAL AND BINDING ON US.

Place: _____

Distributor/Stockist Signature

Date: _____

Name

(*Affix Company Seal)

OFFICE USE:

Name:

(SR/ SO/ ASM/ RSM) (Please tick appropriate designation and sign below)

(Signature)

Approved By:

