SHANKESHWARA FOOD PRODUCT PVT LTD

Regd. Off: C-29, SUPA M.I.D.C., SUPA, VILLAGE PARNER, AHMEDNAGAR, MAH. – 414004. TEL: 02488-213007/213117 FAX. NO.: 91-02488-213627; Email: salesshankeshwara@gmail.com



5)

<u>APPLICATION FORM FOR</u> <u>APPOINTMENT OF DISTRIBUTORS/SUPER STOCKIST</u> <u>INFORMATION</u>

(Please use Capital Letters while filling the form)

1) **Name of the Applicant**:

2) Status of the Applicant (Proprietorship/ Partnership/ Pvt. Ltd. Co./ Others)

(Please attach photocopy of Partnership Deed/ Memorandum of Association/ Article of Association)

3) Name of Principal Partners/ Directors/ Proprietor along with their residential address, educational qualification and Telephone Numbers (Please attach separate Sheet, if required).

Name	Age (in years)	Educational Qualification	Residential Address & Tel. Numbers	Status

4) Address of the Regd. Office/ Principal Place of Business:

Telephone Nos. :	
Mobile No.	
Email :	
Your GST Regn. No.: (Please attach photocopy of RC)	

6)	Your PAN No. : (Please attach photocopy of PAN Card)			
7)	Your Aadhar No.: (Please attach photocopy of your Aadhar)			
8)	Bankers Name and Address : (Nationalised/Private Banks Only)			
	Please attach 3 Security Cheques No:			
9) 8	a) Date of Registration/ Incorporation Formation of Business	on/:		
ł	b) Date of Commencement of Busine	ess :		
10) 8	a) Products traded (retail) :			
	1) 2)			3)
	4) 5)			6)
ł	b) Distributors of (Please attach copies	of appointme	nt letters in case	e of distributorship):
	1) 2)			3)
	4) 5)			6)
11)	Business Turnover:		31/03/2017 (Audited*)	(Amount in Rupees) 31/03/2018 31/03/2019 (Audited*) (Estimated)
	From Trading Activities (Retail)			
	From Trading Activities (Distributorshi	p)	•••••	
	From Others			
	Total			
((*Place attach photocopy of Audited Balan	ce Sheet and	P&L Accour	nt for better Credit Rating.)
12)	Number of Retail outlets covered	: [Zone

a)	Areas been covered in mentio	oned 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 SFPPL AND SFPPL 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:_____

Date:

Distributor/Stockist Signature

Name

(*Affix Company Seal)

OFFICE USE: Name:

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

(Signature)

Approved By:

