

SABAR Healthcare
PROSPECTIVE DISTRIBUTOR PROFILE

Date:

Name Of the Company :
Full Postal Address :
(Stamp)

Name of Proprietor / :
Partners/Directors/

Contact Person :

Tel. Nos. (Office) : Fax. No. :
Mobile : Email :
Tel. Nos. (Residence) : Website :

Capital Employed : Rs.
Annual Turnover : Rs.
No. of years in Business :

Nature of Business : Wholesaler / Distributor / C&F Agent / Stockiest
(Strike out that not applicable)

Areas to be covered under :
Distributorship with us

Firms Represented :

Products handled at present :

a) Major Product :

b) Major Sales of product per annum :

No. of field staff employed :

a) Direct Sales :

b) Others Specify :

Names & Address of Bankers :

Ware House Facilities : Area in Sq. Ft. :

Branches of any :

Name & Address of Transport Carriers :

VAT No. : Dated (w.e.f.)

TIN No. : Dated (w.e.f.)

C.S. Tax Regn. No. : Dated (w.e.f.)

Rate of VAT Tax & Octroi in your town) : Sales Tax : _____% Octroi: _____ %
(State for Electrical Home Appliances)

Signature with seal :

Designation :