

Distributor Enrollment Form

VASUNDHARA AGRI HORTI PRODUCER CO. LTD BAIF Bhavan, Dr Manibhai Desai NagarNH -4 Warje Malwadi Pune -58



Sub: Application for Distributorship of Brand “Vrindavan”

Dear Sir,

I am Mr./Ms.(mention Name) is owner of the agency m/s.....(mention name of the agency), which is currently operational in the locality (mention name of the geographic area for business operations). I am interested in taking up the distributorship of your brand “Vrindavan”.

Through this letter I am applying for becoming a distributor of “Vrindavan” brand in the State of Maharashtra & district Pune the locations in the district are as given under:

- 1.
- 2.
- 3.
- 4.
- 5.

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With Regards,

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APPLICANT DETAILS

1. Name of Applicant *:
2. Date of Birth (DD/MM/YYYY):
3. Gender (Male/Female) *:
4. Name of Agency:
5. Postal Address *:
6. PAN No.*:
7. TIN No.*:
8. Distributor's Shop Act License No.* (attach proof):
9. Contact No.:
10. Alternate contact no.:

Paste Passport Size
Photo

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11. E-mail address:

12. Business Experience (in years):

13. Mention the names of the brands (and products) existing with the applicant:

#	Brand	Products

14. Annual turnover (in Rs. Lakh)*:

15. Available facilities (Mention Yes/No)*:

#	Facilities
1	Godown (mention area in sq.ft.) -
2	Transport (mention number of vehicles) -
3	Staff/helpers (mention number of staff) -
4	Number of registered retailers in the network of the applicant -
5	Others (Specify)

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VASUNDHARA AGRICULTURE HORTICULTURE PRODUCER CO. LTD BAIF Bhavan, Dr Manibhai Desai NagarNH -4 Warje Malwadi Pune -58

16. Identity proof (attach self attested photocopy of the document)*:

17. Address proof (attach self attested photocopy of the document)*:

*Note: All points containing * are mandatory fields.*

Full Name:

Location:

Date:

Signature: