



ZANE PHARMACEUTICALS



Office: 9, First Floor, Balaji Market

Nai Basti, Ghaziabad, Uttar Pradesh

Phone No: 8010085956

DISTRIBUTOR APPOINTMENT FORM

To

The Director

I wish to take the distributorship of your company. Please find my details:

PHOTO

NAME OF FIRM :

ADDRESS :

CITY :

PINCODE:

TEL(O)

(M) MOB :

CONTACT PERSON :

DRUG LIC. NO. :

GST NO. :

EMAIL:

FOOD LIC.NO. :

BANK A/C DETAILS OF FIRM

A/C NO.

TYPE OF A/C

NAME OF BANK

BRANCH PLACE

A/C NO.	TYPE OF A/C	NAME OF BANK	BRANCH PLACE

PROP. / PARTNERSHIP / PVT. LTD. / LTD. _____ (PLEASE TICK)

In case of Partnership firm, copy of Partnership deed is required.

GODOWN SPACE :- NO OF SALES MAN:-

PREFERRED TRANSPORT :-

AREA OF OPERATION :-

SECURITY DEPOSIT :-

BLANK SECURITY CHEQUE (2) NO 1. _____ _ 2. _____

&

Good Luck Cheque of Rs. 21,000/- in favour of Zane Pharmaceuticals

AVERAGE MONTHLY SALE OF MEDICINE (OF LAST 2 YEARS) COUNTER SALE

TRADING SALE	COUNTER SALE	TOTAL SALE
RS _____	RS _____	RS _____

PLEASE FIND ENCLOSE THE FOLLOWING :

- A. PHOTOGRAPH OF SHOWROOM / SHOP
- B. XEROX OF CO. DRUG LISCENSE / GST REGISTRATION CERTIFICATE / SHOP & ESTABLISHMENT CERTIFICATE / PARTNERSHIP REGN. CERTIFICATE (AS APPLICABLE)

ZANE PRODUCTS PROPOSED TO SOLD EXPECTED ANNUAL TURNOVER
..... (IN RS) _____

PROPOSED AREA OF OPERATION (SUB. TO ZANE APPROVAL)
.....

I HAVE READ THE TERM & CONDITIONS FOR DISTRIBUTORSHIP IN ENCLOSED ANNEXURE-I CAREFULLY & I HEREBY AGREED & ACCEPT IT.

ANY OTHER USEFUL INFORMATION (USE SEPARATE SHEET)

**AUTHORISED SIGNATORY WITH
OFFICIAL STAMP**

For ZANE PHARMACEUTICALS Use only

1. SECURITY DEPOSIT TAKEN RS

DD / CHEQUE NO DATE AMOUNT DRAWN NO.

2. AREA OF OPERATION

3. SUPPLIES TO BE RELEASED FROM

4. APPROVED CREDIT LIMIT RS.

5. TERMS OF PAYMENT

ANNEXURE 1

TERM AND CONDITONS

You have been selected as distributor for _____ (Mention area of operation). No breakage/expiry/returned will be entertained at any cost.

GST & other taxes will be levied as applicable. .

- Orders will be accepted only on the letter head of the party & duly signed by concerned person or through your Mail mentioned above along with post date cheque.
- Self attested Photocopy of Tin No\GST No\ D.L.No/ Food Licence /Six month Bank Statement & Two blank cheques are required along with appointment format .
- Self attested ID\Residence proof (Pan Card\Passport copy\driving license copy\ Aadhaar card) is also required.
- We appreciate ethics involved in transacting the business and infiltration into any other territory would be taken seriously & it may attract termination of appointment also.
- Orders will be executed in full or in part, depending upon the availability of the stock and at the rates applicable on the date of execution.
- Any type of cash dealing with our field staff is strictly prohibited & company would not be responsible for any type of such dealing.
- All rates as mentioned in the list are subject to change without prior notice (subject to change in rates of raw materials)
- All matters in this regard will be subject to Ghaziabad jurisdiction only.

Date:

Place:

Stamp & Signature of Aut.Person