

JINDAL SANITARYWARE PVT. LTD.

NH-10, Rohad, Bahadurgarh, District-Jhajjar, Haryana 124501

CHANNEL DISTRIBUTORSHIP FORM

Name o	f Firm/Company				•••••	•••••
Full Pos	tal Address					
					•••••	•••••
Details	of Firm/Company &	Sister Concer	n:			
SR. NO.	Name- Proprietor/Partners/ Directors	Work Experience	Education (Qualificaton)	Marriage Anniversary	Age	D.O.B.
	Person					
Mobile	Number					
Email Id	i					•••••
Year Of	Establishment					
Annual	Turnover Last 3 Yea	rs:				
YEAR 1 ()	EAR 2 ()		YEAR 3 ()		
RS		RS		RS		
	gistrations: GST NO					
Nature	Tax Registration: PA of Business: Wholes ut That Not Applicable)					

Areas to Be Covered Distributorship with us							
Business Brief							
Products Handled At Present:							
SR. NO.	PRODUCTS	BF	RANDS	AREA COVERED			
Number Of Sub Dealers							
Financial Status : Name And Address Of Bank		F	Facilities To Your Firm (CC/OD Limit)				
AC No.							

- **◆ ATTACH ONE YEAR BANK STATEMENT.**
- **◆ SUBMISION OF CUSTODIAN CHEQUE: 3 NOS.**

PROJECTED BUSINESS PLAN FOR SIX MONTHS:

Month	Sales Value		Network Addition				
1							
2							
3							
4							
5							
6							
Details S	Status :						
Managei	rial	Sales T	Sales Team		Accounts Team		
Ware House Facilities: Office / Shop Area Sq. Ft. Godown Area Sq Ft. Name & Address Of Transport Carriers: (Preferred)							
Signature With Seal:			Date	:			
Thanks							
Proposed By Ve		Verified E	erified By Approved		d Ву	y Authorised By	
Territory In Charge G.		G.M. (Fina	1. (Finance) Sales Hea		d Director-S &		
	nts Enclosed: ORT SIZE PHO	TO 1 NOS.					
	ARD COPY						
♦ GST DOCUMENT							
♦ PERMANENT ADDRESS COPY (AADHAAR CARD/DRIVING LICENCE ETC)							
♦ BANK STATEMENT - 1 YEAR							
♦ SUBMISION OF CUSTODIAN CHEQUE: 3 NOS.							
♦ ITR RETURN - 2 YEARS							