Date:

Please attach 1 photograph taken within the last 6 months front view

(3.5 x 4.5 cm)

**DISTRIBUTOR PROFILE**

Dear Sir,

Please find the detailed distributor profile:

|  |  |  |
| --- | --- | --- |
| **Sl No.** | **PARTICULARS** | **DETAILS** |
| 1 | NAME OF THE FIRM |  |
| 2 | OWNER NAME |  |
| 3 | ADDRESS |  |
| 4 | CITY |  |
| 5 | DISTRICT |  |
| 6 | STATE |  |
| 7 | PIN CODE |  |
| 8 | CONTACT PERSON |  |
| 9 | CONTACT NO. |  |
|  | EMAIL-ID |  |
| 10 | GST NO. **(XEROX COPY ATTACHED)** |  |
| 11 | TOT NO. |  |
| 12 | PAN CARD NO. **(XEROX COPY ATTACHED)** |  |
| 13 | GSTIN NO: |  |
| 14 | AADHAR CARD NO. |  |
| 15 | TRANSACTIONOAL CHEQUE |  |
| 16 | BANK NAME |  |
| 17 | A/C NO. |  |
| 18 | IFSC CODE |  |
| 19 | ORDER APPROX |  |
| 20 | SHOP ACT CERTIFICATE (ATTACHED) |  |
| 21 | HQ NAME |  |
| 22 | TSI NAME |  |
| 22 | SO NAME |  |
| 23 | VIBHAVA SUPER STOCKIST **OR** C&F |  |

**Distributor Documents Check list:**

1. GSTIN Certificate
2. PAN Card
3. Current account- Passbook / Statement of Account
4. Aadhar Card
5. Address proof of Godown/warehouse
6. 2 - Security Cheque

|  |
| --- |
| **Market Coverage Profile:** |
| Sl No | Area | Outlet | Units | Frequency |
|  |  |  |  |  |
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|  Total |  |  |  |   |

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| **Business Profile:** |
| Sl No | Company | Product Category | Turnover/Month | Area |
|   |   |   |  |   |
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| **Construction of The Firm:**  |
| Pvt. Ltd |   | Proprietor |   | Partnership |   |

|  |
| --- |
| **Details of the Directors / Proprietor / Partner**  |
| Sl No | Name | Address | City | Phone No |
|  |  |  |  |  |
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| **Infrastructure:** |
| Manpower | Vehicles |
| Name | Responsibility | Type | Units | Reg. No |
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|   |   |   |   |   |
|   |   |   |   |   |

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| **Godown Space:** |
| Sl No | Area in Sq ft | Location/Address |
| 1 |   |  |
| 2 |   |  |
| 3 |   |  |
| 4 |   |  |

**Coverage Plan for Our Company Products:**

|  |  |
| --- | --- |
| Day | Area |
|
| Monday |   |
| Tuesday |   |
| Wednesday |   |
| Thursday |   |
| Friday |   |
| Saturday |   |
| Sunday |   |
| **Total** |   |

|  |
| --- |
| **Name of The Other Firms / Sister Concerns and Their Business:** |
|   |
|   |
|   |
|   |
|   |

|  |  |
| --- | --- |
| Total Turnover from Our Company Products  |  |
| Existing: |  |
| Expecting / Expected |   |
| Total Investment Capacity: |   |
| Credit Offered to The Market: |   |
| Representation Requirement: |  |
| Distributor Appointed for HQ: |   |
| Replacement of the Distributor: |   |

**Membership Details:**

|  |  |
| --- | --- |
| Union / Association Membership Details: |  |
| Name of the Union / Association |  |
| Responsibility/Designation: |  |
| Years of Membership |  |

**Declaration:**

I/We hereby declare that the information furnished is true and correct to the best of my/our knowledge and belief.

 **Distributor Seal and Signature**