

## APPRAISAL FORM

### APPLICATION FOR APPOINTMENT OF DISTRIBUTOR

Name of the Firm : \_\_\_\_\_

Address of the Firm : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN : 

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Contact Numbers : (STD CODE : \_\_\_\_\_) \_\_\_\_\_ /M: \_\_\_\_\_

Year Of Establishment : \_\_\_\_\_

Constitution of the Firm : \_\_\_\_\_  
(Proprietor / Partnership / Company)

Your Sales Tax Nos. (S.T. & C.S.T.) : \_\_\_\_\_

Name of the Managing Person : \_\_\_\_\_

Name of Banker : \_\_\_\_\_

Products Presently Handled : \_\_\_\_\_

No. of Sales Executives you have : \_\_\_\_\_

No. of Deliveries Boy you have : \_\_\_\_\_

No. of Delivery Vans You have : \_\_\_\_\_

Area of Which applied : \_\_\_\_\_

Your Transport (Preferred) : \_\_\_\_\_

Expected Turnover of our Product in : \_\_\_\_\_  
Your area (For Distributors Only)

I / we Have been Declare that all the above Information is true to the Best of My / our Knowledge.  
I Have read, Understood and agreed with the terms and conditions overleaf.

DATE : \_\_\_\_\_

Place : \_\_\_\_\_

\_\_\_\_\_  
Signature & Seal of Applicant