

Distributor Code: Date Allotted :

SAYONA RETAIL
PROPOSAL FOR APPOINTMENT OF DISTRIBUTOR [Sole Proprietor]

Please fill in all the Blanks and add any other information that you feel is relevant and is not covered by the following format. Use Blank sheets if required.

Kindly ensure that **the Form and all Documents attached therewith are completed in English**, (supported by translations if in any other language) in a clear and legible script.

IN SPECIFIC, KINDLY ENSURE THAT ALL DETAILS ARE COMPLETED IN CAPITALS AND THE FORM IS SIGNED ACCOMPANIED BY THE APPLICANT/S FULL NAME IN CAPITALS.

A. GENERAL INFORMATION ABOUT APPLICANT [SOLE PROPRIETOR]

Name of Applicant Firm: _____

Complete Address of Business Location: _____

Town _____ District: _____

State: _____ Pin Code: _____

Population (per last census): _____ Population to be covered by RS: _____

Telephone [with Area Code]: _____ - _____ Fax: _____ - _____

Mobile No. _____

Email ID: _____

Details of Sole Proprietor

1. Name: _____ Age: _____

Father's / Husband's Name: _____

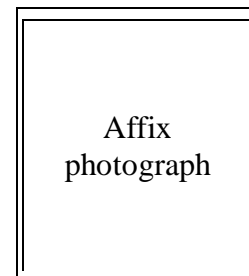
Residential Address: _____

Town _____ District: _____

State: _____ Pin Code: _____

Tel. No.: _____

Mobile No. _____



B. BACKGROUND OF APPLICANT

WHAT DOES THE APPLICANT CURRENTLY DO: Please provide details of existing business, in particular reference to nature of business, investment, size & turnover, types of dealings with customers and justify for appointment of Distributor with SAYONA RETAIL

C. SOURCE OF FUNDS:

Required (Rs)

Available (Rs)

Personal :	
Bank	
- Clear limit :	
- O/D with Hypothecation:	
- Loan against FD :	
-Other Sources (if any) : [Pl. provide details]	

D. BANK ACCOUNT DETAILS:

1. Details of Account in Nationalized Bank:

Bank: _____ Branch: _____ Tel. Number: _____

A/c No: _____ Credit Limit: _____

Name of Holder[s]: _____

Name of Bank Manager: _____

2. Details of any other bank account of the Applicant:

Bank: _____	Branch: _____	Tel. Number: _____
A/c No: _____	Credit Limit: _____	
Name of Holder[s]: _____		

E. INFRASTRUCTURE AVAILABLE FOR BUSINESS:

Shop	<input type="checkbox"/> Available	Sq. Feet	: _____
Godown/Storage Space	<input type="checkbox"/> Available	Sq. Feet	: _____
Vehicle	<input type="checkbox"/> Available	Type	: _____
Employees required for both Front-end & Back-end operations	<input type="checkbox"/> Available	Number Front-end	: _____
		Back-end	: _____
IT Specification	<input type="checkbox"/> Available		

F. LICENCES & REGISTRATIONS – ATTACH LEGIBLE COPIES INCLUDING RENEWAL COPIES WHEREVER APPLICABLE

REGISTRATION & LICENCES	Number	Date of Issuance	Date of Last Renewal	Valid upto
VAT Registration Certificate				
Trade licence				
Prevention of Food Adulteration Act				

In the case of Application for Licences

Application under	Number	Date of acknowledgement	Fee challan date
VAT Registration Certificate			
Trade licence			
Prevention of Food Adulteration Act			

G. DETAILS OF BUSINESS PROFIT CENTER

Profit Center [s] for which Applying:

Branch Sales Area & Zone (As understood in Branch Distribution):

- H. Is or Has the Applicant and/or Associates/Relatives of the Distributor been associated with the Company with details:
- I. Any Criminal Prosecution Initiated/Pending against the Sole Proprietor and if yes, please provide with details:
- J. Any Civil Litigation pending against the Sole Proprietor and or its Assets with details:
- K. DETAILS OF THE DOCUMENTS ANNEXED WITH APPLICATION

1. Application for Distributorship Letter **YES / NO**

The Application should be on Sole Proprietor's firm letterhead and mention the following:-

- Date of Application
- It should be duly Signed by the Sole Proprietor with seal
- It should clearly mention the Profit Center [s] for which it is being made

2. Copy of Bank Pass Book or Account statement account for last 6 months **YES / NO**

3. Copy of signature verification letter issued by the Bank **YES / NO**

4. Property Papers for Assets declared as per Assets Data form with Encumbrance certificate for the last twelve years & Valuation certificate **YES / NO**

5. Surety Bond in case the property is not in the name of applicant **YES / NO**

6. Letter of Authority for receiving stocks **YES / NO**

7. Statutory documents

- VAT Registration Certificate
- Trade licence
- Prevention of Food Adulteration Act (PFA) licence

DECLARATION

I,, (Sole Proprietor) hereby represent that I shall carry our business strictly in accordance with the provisions of law and I confirm that information given in the proposal for appointment is true and correct according to best of my knowledge and belief.

Proprietor _____

M/S _____

(Signature, Rubber Stamp & Complete address)

Date:

Signature

RECOMMENDATION FOR APPOINTMENT

The party is recommended for appointment as our Distributor under the appointment terms of the agreement.
The party has been visited by Mr _____ on _____ and the above particulars have been verified by him.

AM

AVP

The recommendation is approved

Dated :

President

ASSETS DATA FORM [to be filled by the Sole Proprietor]

IMMOVABLE PROPERTY

Nature of Property (Such as Shop – House – Godown – Land/Plots etc.):

Address:

Name of Owner: [Name in Capitals] _____

Market Value: [In Rupees lacs] _____

I hereby confirm and state that the above property is under clear legal title, free from dispute, encumbrance, acquisition and attachment

VEHICLES

Item	Address	Market Value	Encumbered Yes/No	Name of the Owner
Car				
Scooter				
Tempo				
Trucks				
Any Other				

DECLARATION

I,Sole Proprietor ofhereby confirm that the information given in the Appointment Application and Declaration of Assets Form is true and correct to our knowledge and belief.

For _____

Affix Firm Seal:

Proprietor

