

## **EXCLUSIVE DISTRIBUTORSHIP APPLICATION**

PH0T0

Name of Firm: M/s					
Contact Person: Mr					
Town:	District:	Pin Code:			
Tel.: (Off.)	Mobile No.:				
Tel.: (Res.)	Fax:	E-mail:			
Business started from:	. / / Total y	years:			
Ownership of Firm (Tick): Partnership Proprietorship Individual					
PAN Card No		Applied			
Local TIN No	C.S.T. TIN No	Applied			
Person responsible for the business: Designation:					
Specify your office infrastructure:					
Operating from:	Residence Office whether ow	ned Rented			
	Total area of godown in Sq.Ft:				
Specify the sales force of your team:					
Managers	Sales Officers	Salesman			

S.	Brand	Company	Daily Sales (In MT)	Monthly Sale (In MT)	Estimated Vama Brand Sales (In MT)			Dank
No.					Daily	Weekly	Monthly	Rank

Sales Strategy :			
Traditional retail: Provide list of	retailers and weekly beat	plan	
2. Approach to Modern Retail:			
3. Penetration in Institutional Mark	eting:		
4. HORECA			
Hotel :			
Restaurants:			
Canteen:			
5. Need of our Sales Team: Mon.	Tue. Wed.	ThurFri	Sat. Sun.
I/We declare that all the particulars and information on the withheld any information. I confirm information in this application which the cowith all information relating to our details arrequired and shall not hold the company change in my/our office address and to punderstood the role and responsibility and providing any reason.	m that we are authorizing the company considers necessary. Word history information to other Baliable for use of this information or ovide any further information	ompany to make refe e also authorize the co anks' Guarantee/ Fina on. I/We undertake to that the company ma	rences and enquiries relative to empany to exchange, share part incial Institutions, etc. as may be inform the company regarding ay require. I/We have read and
Subject to Dewas Jurisdiction			
Place(M.P.)	Date:/_	/	
SIGNATURE (With Rubber Stamp of Firm)	SIGNATURE SIGNATURE (With Rubber Stamp of Firm) (With Rubber Stamp of Firm)		
Note: List of documents to be attached Please attach the following (as application): (1) Party Letter allowing 3 (three) Blare (2) Copy of PAN Card No.  (3) Copy of TIN No. (latest copy of acceptable): (4) Bank Guarantee No. (Nationalized)	nk Chq. in favor of <b>VIPPY IND</b> knowledgment of vat return) I bank)		
City	Date//		
CityState			
Population			
(Attach Map (IMS) & Highlight areas) DETAILS OF BANK ACCOUNT (With letter BANK LIMIT IF ANY COPY OF CANCELLED CHEQUE LATEST INCOME TAX RETURN COPY FOOD LICENCE NO.	Our target : obtained from bank for operating	g account)	
Signature Sales Officer VIPPY INDUSTRIES LTD.		Authorized Signature For: VIPPY INDUSTR	IES LTD.

28, Industrial Area, A.B. Road, Dewas 455 001 (M.P.) India. **Phone:** +91-7272-258545-46, **Fax:** +91-7272-258552, **Email:** vama@vippysoya.com,

**Web:** www.vippysoya.com, **fi**vama food products