" AAVIN "

(Address of the DCMPU)

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WSD FERMENTED PRODUCTS APPLICATION

(FOR AUTHORIZED DISTRIBUTORS/DEALERS/STOCKISTS)

1.	Name of the Firm/ applicant * If Proprietary Concern – Name	of the Proprietor	r:		Photo of the applicant	
2.	Status of the Firm *					
	Sole proprietor ☐ b. Partnemention)	ership Firm 🛚	c. Ltd. Company □	d. Others	(if others, pl	
3.	Address of Reg. Office *	:E-mail :				
	Phone:					
4.	In case, Partnershipfirm	(a)Name :				
		(b) Partner's Na	me :			
	(Partnership deed/ registration copy to be enclosed)					
	If Private/Public Ltd.Co.	:				
	(Memorandum of Association to be					
	enclosed)					
5.	. Year of Establishment of the firm:					
6.	Category of items handled and sales details in last 3 years :					
	Item/ Product Catg. Size/ V	/olume	Make/Manufacturer		Name of	
	Agency (Enclose a copy of Dea	lership/Agency ap	proval letter frommanufac	cturers)		
7.	. Name of the preferred area for dealership for fermented product sales (Please select from the list enclose					₃ed) *
	(a) Priority 1					
	(b) Priority 2					
	(c) Other uncovered area					
	(Any other area which is	not given in the l	ist)			

8.	Aadhar No. *:						
9.	GSTNo. * :						
10.	. PAN No * :						
11.	. FSSAI No * :Valid From Valid upto						
	Kindly attach a copy of the same.						
	(Please enclosed Photocopies of above registration certificates)						
12.	. Last 03 Years Sales Value as a partner/ Associate firm (Proof to be attached)						
	I (From Apr'21 to Mar'22)Rs.						
	II (From Apr'22 to Mar'23)Rs.						
	III (From Apr'23 to Mar'24)Rs.						
13.	. List of existing sub-dealers/ Retailers (List along with address and contact no. to be attached) *						
14.	. Name of Bankers* Bank Account no.*						
	Date of opening of the account * Type of Account *						
15. IT Clearance certificate no. and date (Enclose a copy) *							
16.	16. Latest annual report/ Auditor's Certificate/ GST annual return *						
17.	17. In case you are/were a Wholesale dealer in the Federation/DCMPU, please mention (If yes						
	then attach purchase order copy with this form)						
	(a) Name of dairy						
	(b) Quantity lifted (in Litre) per day in the last one year (Apr'23 to Mar'24)						
18.	. If the business is discontinued with any of the reasons:						
19.	19. Whether any of your relatives are working with the Federation/ District Union/ Primary Society: No/ Yes, if yes, furnish the details *						
20.	20. Any other information you would like to furnish to us						
	Signature of the applicant						
	(Note: if space available for filling any column is inadequate, the details may be separately enclosed)						

DECLARATION

THE ABOVE INFORMATION IS TRUE IN ALL RESPECTS AND WE UNDERTAKE TO INFORM YOU IF ANY CHANGE IN THE ABOVE PARTICULARS REGARDING OUR BUSINESS FROM TIME TO TIME.

PLACE : SIGNATURE OF AUTHORISEDREPRESENTATIVE

DATE : OF THE FIRM UNDER PROPERSEAL

FOR OFFICE USE

WSD NO:

THE TAMILNADU COOPERTIVE MILK PRODUCERS' FEDERATION LTD./ DISTRICT COOPERATIVE MILK PRODUCERS UNION LTD.

CHECK LIST

Kindly ensure compliance of the under-mentioned requirements, as per terms and conditions.

1.	Whether all pages in the agreement are duly signed by authorized signatory.	Yes / No		
2.	2. Whether photocopy of the PAN Card enclosed?			
3.	Whether photocopy of the Aadhar Card enclosed?	Yes/ No		
4.	4. Whether photocopy of the GST enclosed?			
5.	5. Whether copy of the partnership deed or Article Company Registration certificate with Memorandum Association and Article of Association is enclosed?			
6.	6. Whether copy of the EPF / ESI and FSSAI registration certificate enclosed?			
7.				
8.	8. Whether copy of income tax return of last 3 years enclosed?			
9.	Any other schedules attached with details i) ii)	Yes / No		
10.	Whether letter from the bank enclosed?	Yes / No		
11. Whether computerized billing facility available?		Yes / No		

PLEASE SEND THE FILLED FORM ALONG WITH ALL DOCUMENTS AS MENTIONED ABOVE TO THE FOLLOWING ADDRESS:

LIST OF AREAS PROPOSED FOR FERMENTED PRODUCTS WSD

S.No	North Region	South Region	Central Region
1	Ashok Nagar, Porur, Poonammallee	Adayar, Mylapore	Anna Nagar
2	Perambur, Manali, Kolathur	Palavakkam, Kelambakkam	Avadi, Ambattur, Tirunindravur, Ayanavaram
3	North Madras, Wahermenpet, Vepery	Velachery, Medavakkam	Anna salai, T. Nagar, Triplicane
4		Pallavaram, Tambaram, Maraimalai nagar, Chengalpet	

(Likewise Union wise area to be listed in District Union's document)

IMPORTANT TERMS AND CONDITIONS

- 1. It is necessary to fill all the fields in the application.
- 2. All the pages of the document must be duly attested by the applicant.
- 3. After the appointment as the Wholesale dealer, the following terms and conditions shall be applied:
 - a) the Wholesale Distributors should deposit **Rs. 50,000/-** towards Security Deposit
 - b) Payment shall me made only through NEFT /RTGS /POS /GPAY /RUPAY /QR Code / Any other mode of electronic Transfer.
 - c) Initial appointment is for a period of three years and shall be renewed based on the sales performance.
 - d) The applicant shall furnish all the required statutory documents like PAN, GST, FSSAI licence etc. compulsorily.
 - e) The wholesale dealers shall compulsorily furnish the details of the sub-dealers including the location of the shop, GST No., contact No. etc. along with the location coordinates (Longitude/Latitude) of the shops.
 - f) The WSDs shall sell only in areas allotted to them. Encroaching areas not allotted to the WSDs and shall attract penalty or termination or temporary suspension or any other action by the Federation/DCMPU as deemed fit.
 - g) The Federation/DCMPU reserves the right to terminate a WSD or to appoint a new WSD if their service rendered or Sales performance is found to be unsatisfactory.