APPLICATION FOR APPOINTMENT OF WHOLESALE DEALER FOR SALE OF AAVIN ICECREAM

1. Registered Name &

Affix latest passport size

photo here Address of the firm: Owner / 2. Whether Proprietorship Or Partnership: Proprietor / (Copy to be enclosed) <u>Partner</u> 3. Name of the Applicant (Block letters): 4. Date of birth & age 5. Educational Qualification 6. Address for Communication 7. Phone Number: Office Nos.: Mobile Nos.: Residence Nos.: E-mail address: 8. Name & Address of Branch Office/s, if any: 9. GST Registration Details: 10. PANCARD No.: 10. Licence No / date obtained under Municipal / Shops and Establishment Act: (Attested copies to be enclosed) 10. Nature and Details of present line of business/es: o Company / Brand o Products dealt o Appointed Year o Annual Turnover o Areas Covered o No. of Outlets 11. Areas intended to be covered for sale of AAVIN Ice-cream: Location Name

12. Infrastructure Facilities Available:

A) Details Cold Storage Godown: (-16° C or less) own / rent / lease			
i) Dimension / size : ii) Storage Capacity : iii) Address and Location :			
(Rent / lease) - Agreement copy to be enclosed / document			
> FSSAI Certificate No :			
> ISO or any other quality Certificates' detailes:			
(Copy to be enclosed)			
B) Details Registration Certificate for both Delivery Vehicle:			
i) Number / type of vehicle/s : ii) Capacity :			
C) Staff Employed:			
	Details	Name	Contact No.
	1. Office		
	2. Sales		
	13. Associate or Sister Concerns (If any): Name and Address Established Year Products Dealt with Annual Turnover Company Products		
14. Ability to invest funds for stocking and distribution of AAVIN Ice cream (In Rs):			
15. Name and Address of Banker:			
14. Details regarding Business handled earlier and discontinued:			
	Company Produ Dealt From /TO		
	Annual Turnove	er :	

SIGNATURE OF THE WITNESS WITH DATE & ADDRESS

Reasons for Discontinuing:

SIGNATURE OF THE APPLICANT WITH DATE & SEAL

1.

2.