

**THE TAMILNADU CO-OPERATIVE MILK PRODUCERS' FEDERATION LTD.  
CORPORATE OFFICE :: MARKETING UNIT  
No.3A, Pasumpon Muthuramalinganar Salai, Nandanam, Chennai – 600 035**

**SPACE FOR  
AFFIXING  
PHOTO**

**APPLICATION FOR WHOLESALE  
DISTRIBUTOR**

Applied for the state of.....

Name of the Company and address	
Name of the Proprietor / Partner/M.D. of the Company (Copy of Registration / Partnership deed)	
Nature of Existing business/Experience in the Field	
GST No. /PAN No.  (Copy of document to be attached)	
Contact Details: (a) Mobile phone number (b) Landline number (c) Email Id (d) Website, if any	
<b>A. Prior Experience in Selling Dairy Products:</b>	
(a) Name of the Company	
(b) Products dealt	
(c) Turnover per month (Copy of documents to be enclosed)	

<b>B. Area of operation preferred</b> (Name of the city and state to be mentioned)	

**DECLARATION**

I hereby declare that the above mentioned particulars are true to the best of my knowledge. If The Tamil Nadu Co-operative Milk Producers' Federation come to know that any of the above information is false, I agree that they will have the right to reject my request for Wholesale Distributor (or) liable for other action.

SIGNATURE OF THE APPLICANT

**Note :**

1. The applicants are requested to indicate the quantity of products they can sell per month.
2. They have to indicate the product wise margins they require for doing this work.
3. They have to indicate the location (Name of the state) they want to work.
4. Postal / Courier delays will not be accepted.

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