



Vardhman Healthcare

committed to holistic health

(A Division of Vardhman Stampings Pvt Ltd.)

S 2, Murlidhar Complex, Surendra Mangaldas Road,
Ambawadi, Ahmedabad-380015, Gujarat, India.

Application for Dealer/Distributor Registration*

Passport
Photo

Dealer Status :

<input type="checkbox"/>	Dealer
<input type="checkbox"/>	Branch Town Distributor.
<input type="checkbox"/>	Upcountry Distributor

- 1 **Company Name:** _____
- 2 **Contact Person Name** _____
- 3 **Contact Person Mobile No.** _____
- 4 **Registered Address :** _____
District _____
State _____
Pin Code : _____
- 5 **Telephone Numbers** _____
Fax Nos. _____
Cell Phone No. _____
E-Mail ID _____
- 6 **Date of commencement of business :** _____
- 7 **Income Tax PAN No. :** _____
- 8 **GST No :** _____

(Please enclose photocopy of certificates)

- 7 **Type of Business entity :**
- | | | | |
|--------------------------|---------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Private Ltd. Co., |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Public Ltd. Co., |
| | | <input type="checkbox"/> | Other(to specify) |

(Please enclose copy of :
stamped Partnership Deed in case of Partnership Firm, • I/T Return
in case of Proprietorship)

- 8 **Full details of :**
- | | | | | | |
|--------------------------|------------|--------------------------|----------|--------------------------|-----------|
| <input type="checkbox"/> | Proprietor | <input type="checkbox"/> | Partners | <input type="checkbox"/> | Directors |
|--------------------------|------------|--------------------------|----------|--------------------------|-----------|

Name	Home Address & Telephone Number	Qualifica- tion	Ownership	Involvement

9 **Business History :**

Specify dealership and other business. In case some more dealership are in the name of your sister concerns or associations, please give details.

S. No.	Dealership	Manufacturer / Supplier Name to dealership	Since (Year)	Product Group	Annual Gross Turnover	%age TD

Details for sister concern:

Name :

Relationship with applicant :

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Details of past business :

Period :

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Details of non-dealership business (if any) :

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10 **Territory in which you propose to operate:**

Town : _____ District : _____
State : _____

11 **Details of Present Managerial and Sales Staff**

S no	Name & Position	Qualification	No. of years of experience	Salary	Responsibility

12 **Warehouses : (Please tick ✓) :**

	W/H 1	W/H 2
Location		
Total Floor Area (Sq. ft.)		
Whether completely water proof / fire proof		
%age area for Vardhman Healthcare		

<p>13 Bank Name & Address</p> <p>A/C Nos.</p> <p>The applicant undertakes to provide advance intimation to Vardhman Healthcare before closure of any bank account from where cheques have been issued</p>	<p>Phone Nos.</p> <p>Contact Person</p>
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14	Type of loan	Amt. (In Lacs)	Interest (%)	Security provided
	CC / Overdraft			
	Letter of Credit			
	Bank Guarantee			
	Term Loan			

Please include Banker's Letter

15 **Funds / Extra funds made available to Vardhman Healthcare business (In Rs. Lacs) :**

Own : _____ Others (Specify) : _____
Bank's : _____

16 **Amount of Security Deposit to be paid INR : _____**

17 **References :**

Sr. No.	Name	Address & Tel. No.	Occupation
1			
2			
3			

<p>I/We certify that the information given in the application form is correct and complete.</p> <p>Further, this is to authorize Vardhman Healthcare to verify our Bank / Trade credentials.</p> <p>Applicant's signature attests financial responsibility to pay Vardhman Healthcare's invoices in accordance with agreed upon terms</p> <p>Dealer Agreement will be signed within</p> <p>three months of appointment</p> <p>Subject to jurisdiction at Ahmedabad, Gujarat</p>	<p>Name & Signatures of Authorised Signatory with Official Seal.</p> <p>Name _____</p> <p>Designation _____</p> <p>Signature _____</p> <p>Official Seal _____</p> <p>Witness Signature: Name & Address</p> <p>Date : _____ Place : _____</p>
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In case of Partnership, all the Partners' should sign

18 List of Enclosures(in Photocopy) :

- a) Copy of Firm's Partnership Deed
- b) Copy of GST Nos. Certificate
- c) Banker's Letter of Reference
- d) Last 2 years Balance Sheet
- e) Pages 1 to 4 of Dealer/ Distributor Registration Form(DRF)
- f) Copy of Shop License
- g) Passport Size Photo of Owner/s