



APPLICATION FOR DISTRIBUTORSHIP/ DEALERSHIP

| | | |
|------------|---|---------------------|
| Photograph | <input type="checkbox"/> PROPRIETORSHIP | DATE OF APPLICATION |
| | <input type="checkbox"/> PARTNERSHIP | DISTRIBUTOR CODE |
| | <input type="checkbox"/> PVT LTD CO | CATEGORY |
| | <input type="checkbox"/> PUB LTD CO | RECEIPT DATE |
| | <input type="checkbox"/> COOP/ ASSN | DATE OF APPOINTMENT |

| | | |
|---|-----------|-----------|
| NAME AND POSTAL ADDRESS OF THE ORGANISATION | DISTRICT | |
| | STATE | |
| | E MAIL | |
| | PHONE (M) | |
| | PHONE (O) | |
| TEHSIL/CITY | PINCODE | PHONE (R) |

| | |
|---------|---------|
| PAN No. | TAN No. |
|---------|---------|

| | |
|-------------------|-----------|
| STATE GST/TIN No. | S.Tax No. |
|-------------------|-----------|

PARTICULARS OF PROPRIETOR/ PARTNERS/DIRECTORS (GIVE FULL ADDRESS)

| SL NO. | NAME | PERMANENET ADDRESS | NAME(S) OF MANAGING PARTNER(S) (OR) POWER OF ATTORNEY |
|--------|------|--------------------|---|
| | | | |

| DETAILS OF BUSINESS | SEMEN SALES (PREVIOUS YEAR) | | | SALES OF OTHER ANIMAL HEALTH PRODUCTS (PREVIOUS YEAR) |
|------------------------------|-------------------------------------|----------|----------------|---|
| YEAR OF ESTABLISHMENT | DOMESTIC | IMPORTED | IMPORTED SEXED | (RS. Lacs) |
| BUSINESS W/S OR RETAIL: | | | | ANIMAL PHARMA |
| MAJOR VILLAGE COVERED: (NOS) | | | | ANIMAL FEED |
| ENCLOSE LIST | ANIMAL HEALTH COMPANIES REPRESENTED | | | OTHERS |

| BRANCHES | | GODOWNS/WAREHOUSES | | SERVICING GODOWN/ WH DETAILS | | |
|--|---------------------------------|--|--|--|----------------------------|--------|
| LOCATION | NO | LOCATION | AREA (SQ.M) | NAME OF NEARBY RAILHEAD AND PLACE | | |
| | | | | F.O.R FREIGHT FROM PRODUCTION TO | | |
| | | | | HIGH (PEAK) | LOW | NORMAL |
| | | | | | | |
| NO. OF SUB DEALERS: | | | | | | |
| FINANCIAL INFORMATION | | | CREDIT LIMIT FROM OTHER ANIMLA HEALTH/SEMN CO. AVAILED | | | |
| INVESTMENT (Rs. Lacs) | | | NAME OF THE COMPANY | PRODUCT | Rs. In Lakhs | |
| ANIMAL HEALTH | | | | | | |
| OTHERS | | | | | | |
| FACILITIES FROM BANK (Rs. Lacs) | | | | | | |
| BANK | TYPE | SANCTIONED LIMIT | | | | |
| | | | | | | |
| VALUE OF ASSETS: | | | TAX ASSESSMENT (INDICATE THE YEAR OF LAST ASSESSMENT) | | | |
| LAND: | | | INCOME TAX: | | | |
| BUILDINGS: | | | SALES TAX: | | | |
| OTHERS: | | | WEALTH TAX: | | | |
| DECLARATION BY THE APPLICANT | | | | | | |
| I/WE HEREBY DECLARE THAT THE INFORMATION PROVIDED BY ME/US IN THIS APPLICATION ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND REQUEST YOU UNDER THE POWERS VESTED IN US BY THE ARTICLES OF ASSOCIATION OF THE COMPANY RULES AND BYE-LAWS OF THE COOPERATIVE SOCIETY/ASSOCIATION TO APPOINT AS ONE OF YOUR | | | | | | |
| DIST./DEALER AT | | TEHSIL | | DISTRICT | | STATE |
| DATE | OFFICE SEAL OF THE ORGANISATION | | | | SIGNATURE (S) WITH NAME(S) | |
| TO BE FILLED IN BY GENUS ABS FIELD STAFF | | | | | | |
| SECURITY DEPOSIT DETAILS: | | MARKET DETAILS: | | <input type="checkbox"/> THE INFORMATION FURNISHED BY THE PARTY IS VERIFIED AND FOUND CORRECT. THE PARTY IS RECOMMENDED FOR APPOINTMENT <input type="checkbox"/> THE PARTY IS NOT RECOMMENDED FOR APPOINTMENT SIGNATURE OF GENUS - ABS INDIA, S&M STAFF: NAME: DATE: | | |
| DD NO./RTGS NO./CHQ NO. | | TOTAL NO. OF DIST/DEALERS IN MARKET: | | | | |
| DATE: | | TOTAL NO. OF GENUS ABS DEALERS | | | | |
| AMOUNT: | | LOCATION TYPES | | | | |
| BANK AND IT'S LOCATION | | <input type="checkbox"/> URBAN <input type="checkbox"/> RURAL <input type="checkbox"/> SEMI URBAN | | | | |
| RECOMMENDED BY | | PROCESSED BY | | APPROVED BY | | |
| DATE: | SIGNATURE | DATE: | SIGNATURE | DATE: | SIGNATURE | |