

# DISTRIBUTOR EMPANELMENT FORM

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## APPLICANT'S PERSONAL DETAILS:

**NAME:** (Mr./Ms./M/s.) \_\_\_\_\_

**ADDRESS:** Village/Flat/Bldg./Plot \_\_\_\_\_

Street/Road/Area/Post \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_

Telephone(O) \_\_\_\_\_ (R) \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ E-mail (1) \_\_\_\_\_ E-mail (2) \_\_\_\_\_

## STATUS (Please tick anyone):

| Individual   | Non-Individuals   |
|--|---|
| <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship   | <input type="checkbox"/> Partnership Firm <input type="checkbox"/> NBFC <input type="checkbox"/> Private Limited Company<br><input type="checkbox"/> Public Limited Company. <input type="checkbox"/> Trust/Society <input type="checkbox"/> Others |
| <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor<br><input type="checkbox"/> Retailer <input type="checkbox"/> OEM | Date of formation/ incorporation/Registration _____<br>Contact Person _____<br>Designation _____<br>E-mail _____ Mobile _____   |

## REGULATORY DETAILS:

Name of Directors / Partners: \_\_\_\_\_

Year of establishment \_\_\_\_\_

CIN: \_\_\_\_\_

PAN: \_\_\_\_\_

GST: \_\_\_\_\_

Current Product Portfolio. \_\_\_\_\_

## BANK PARTICULARS

Name of the Bank : \_\_\_\_\_

Branch Address \_\_\_\_\_ Pin code of Bank Branch \_\_\_\_\_

Account No. (Saving/Current/NRE/NRO) \_\_\_\_\_

MICR No. (9 digit) of the Branch  IFSC/NEFT Code (11 Digit)



### Margin Details

| Unit Price of Product (INR) | Maximum Incentive / Discount |
|-----------------------------|------------------------------|
| $\leq 1000$                 | 10%                          |
| 1,000 to 50,000             | 7%                           |
| 50,000 to 5,00,000          | 5%                           |
| 5,00,000 to 50,00,000       | 3%                           |
| 50,00,000 to 1,00,00,000    | 2%                           |
| $\geq 1,00,00,000$          | 1%                           |

Further to note that Distributor shall not engage with any of the manufacturer at Andhra Pradesh MedTech Zone Ltd directly. Distributor is free to decide the final price to be charged by distributor to the client.

I/We request you to empanel me/us as a Distributor. I/We declare that the information furnished herein above is true and correct to the best of my/our knowledge and belief. I/We further confirm that I/We abide and will abide by the terms and conditions stated overleaf/attached and amendments thereof, if any communicated to me/us in writing by Andhra Pradesh MedTech Zone Ltd from time to time relating to the empanelment of the Distributor.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant/Authorized Signatory

Full Name and designation of authorized signatory: \_\_\_\_\_

### FOR OFFICE USE ONLY

Have checked and verified the credentials of the applicant as given above, I recommend and approve/do not recommend and disapprove empanelment of the Applicant as a Distributor.

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