



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 <input type="checkbox"/> Public Limited Company. <input type="checkbox"/> Trust/Society <input type="checkbox"/> Others
<input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> OEM	Date of formation/ incorporation/Registration _____ Contact Person _____ Designation _____ 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
≤ 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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