

Date: / /



PROPOSAL FOR: Dealership, Stockist or Distributorship.

APPLICATION FOR: PLY/BB, Veneer & Other.

APPLYING FOR THE TERRITORY: _____.

DETAILS OF FIRM/BUSINESS.

Legal Name: _____.

Address: _____

City: _____ State: _____ Pincode: _____.

Person Mobile: _____ Office Mobile: _____ Office STD: _____

Fax No.: _____ E-mail: _____.

CONSTITUTION OF THE FIRM.

Individual, Partnership, Co-op. Society, Proprietary

Private/Public Ltd. Others (Specify): _____.

Register/Established in the year: _____ Unregistered: _____.

In Case of Proprietary/Partnership/Private Limited firm, furnish details in the following table:*

Sr. No.	Full Name of the Proprietor/Partner/Director	D.O.B.	Residential Address
1.			
2.			
3.			
4.			

*** Enclose your official letter head affixing official seal on it.**

Date: / /

REGISTRATION DETAILS.

GST No.: _____ Date: / / IGST No.: _____ Date: / /

IT / PAN No.: _____

SHOWROOM / GODOWN / BRANCHES DETAILS.

No Employee: _____ Supervisors: _____ Salesmans: _____

Godown Space: _____ Sq.Ft. Showroom Space: _____ Sq.Ft.

Godown Location: _____ Showroom Location: _____

Name & Address of Branches:

Item Displayed

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

MONTHLY SALES DETAILS.

Approximate Sales per month (in boxes)

1. Ply / BB: _____
2. Veneers: _____
3. Laminate: _____
4. Laminate (0.8 mm): _____
5. Other: _____

Details of Distribution Network (If Any): _____

Number of sub dealers: _____

Territories Covered: _____

BUSINESS PLAN FOR KUTIRPLY:

Committed sale off take for next 2021-2024 years.

- 1st Year: _____ (In lakhs)
 2nd Year: _____ (In lakhs)
 3rd Year: _____ (In lakhs)

Date: / /

CHECK LIST OF DOCUMENTS:

1. Requisition for Br dealership on firm's letter head.
2. Copy of GST, IGST & CIN.
3. Partnership deep copy duly attested.
4. Bank Cheques.

DECLARATION:

We hereby declare that the above information provided by me/us is true and correct.

Place: _____

Signature: _____

Sign: _____

Name: _____

Stamp: _____

Recommended by Branch Head/ Regional Head: _____

Approved By: _____ *(Director)*