

Application Form No.



Recent

**Photographs
of Applicants
Duly Signed**

**SAFAL SHAKTI INDIA LTD.
529D/164 SUN TOWER, NEHRU VIHAR
KALYANPUR, LUCKNOW, Ph.: 8188819090, 8181061631
Website; www.safalshakti.org, E-mail: info.safalshakti@gmail.com**

S.No

Date.....

APPLICATION FOR DISTRIBUTORSHIP/ DEALERSHIP

Dear Sir,

We are applying for distributorship of the company and submit below the particulars of our organization for your consideration.

1. **Name of the Applicant**
2. **PLACE/BLOCK/TEHSIL/DISTRICT** Applied for
3. **Name of Firm**
4. **Address (Firm)** **Address (Residence)**
-
- Tele No.
- District
- State
- PIN code

- Tele No.
- District
- State
- PIN No.

5. Whether proprietary/ Partnership/NGO/Trust Pvt. Ltd. / Co. / Public Ltd./ Co-op Soc/ others (Specify)
6. Name of Partner/ Proprietor / proprietor/ chair person / president along with their signatures.
Please put a (√ mark) on relevant category.

A B C D

7. GST. Registration No. & date
8. Investment/ Amount Rs
9. Permanent Income tax No. of the firm (PAN)
- Permanent Income tax No. of individual/ Partner (Pan)
10. Security Amount details:-
UTR No. -----Rs. ----- D/D/ Cheque No. ----- Date ----- Bank -----

11. Shop/ Godown details:

Particulars	Shop			Godown Area		
	Own	Hired	Total	Own	Hired	Total

12. Sister concern's (If any) in Fertilizer/Pesticide/Trade's -----

13. Banking Detail

Bank	Branch	C C Limit	HYP Limit	O/D Facility

14. Number of customers/Geography area serviced by yourself.

Village/Towns (Numbers): -----

Retailers (Numbers): -----

Farmers (Numbers): -----

15. Preferred Transporter 1. -----

2. ----- (Signature of dealer with stamp of the Firm)

Declaration: I/We confirm that the particulars as given above are true. In case any information is found to be incorrect even at subsequent Stage, SSI Ltd. shall have the right to reject the application/terminate the agency forthwith. I/We also undertake abide by the term and conditions of appointment.

Signature _____
(Name of Sales Person)

Signature _____
(Name of the Manager)

FOR OFFICE USE ONLY

Processing:-

1. The party is sufficiently interested in our products.
2. He may be appointed -----for ----- area from to -----
3. His appointment will be initiated by.
4. His working will be controlled by.
5. The appointment has been finalized from Head Office vide letter No. -----
6. The sanctioned created limit of the party based on cheque in favor of company
As security of Rs, -----
7. Agreement from enclosed yes/No

(General Manager)

(Accountant)

(Sales Manager)

(Managing Director)

S.NO	Name of Documents (all documents should be duly notarized/attested)	Serial number of application form	Attached (YES/NO)
1	Address & Identity Proof (Any two of Ration Card, Voter Identity Card, Aadhar Card, Driving License, Telephone/Water Bill)	2	
2	Valid Caste Certificate for SC/ST Candidates Form) Tehsildar & above), Attested Copy	3	
3	Valid requisite Certificate for Special Category	3	
4	Copy of PAN No.	4	
5	Copy of F.R.C, If already in fertilizers trade	7	
6	Banker Certificate in Original	8	
7	Copies of Papers related to immovable properties (Like Sale deed, Land registration deed, etc)	9	
8	Copies of Balance Sheet for Last 3 years, If applicable	For Information	
9	I.T. Returns /Assess, Orders for last 3 years	For Information	
10	Sales Tax Returns for last 3 years	For Information	
11	Bank Statement last 6 months	For Information	
12	Any Other (Please Specify)	For Information	

-: स्वामित्व का प्रमाण पत्र :-

प्रमाणित किया जाता है कि फर्म मैं..... का संचालन एवं व्यवसाय मेरे द्वारा किया जा रहा है, जिसका मैंअधिकृत प्रतिनिधि /स्वामी हूँ।
जिसकी चौहददी निम्नवत है :-

पूरब -

पश्चिम -

उत्तर -

दक्षिण -

प्रार्थी

उपर्युक्त चौहददी की दुकान मेरी स्वयं की है। किराये की है।

यदि किराये की है तो मकान मालिक का विवरण -

नाम -

नाम -

पता -

पिता का नाम -

दुकान का पता -

ग्राम -

पोस्ट -

ब्लॉक -

तहसील -

थाना -

जिला -

पिन कोड -

मोबाइल न० -

ईमेल आई० डी० -

Distributor's / Dealer's Detail's Check List

Date:- / /

	Recived ↓	Unreceived ↓	Final ↓
1 - Firm Name/G.S.T Copy_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - Aadhar Card_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - Pan Card_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Mobile No_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Alternate Mobile No_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Wholesale Licence_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A - Pestsides License_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B - Seeds License_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C - Fertilizer License_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 - Verification Cheque Of Rs 100 Only_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 - Security Cheque's (2)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 - Pass Port Size Photo (4)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - Firm Letter Head (2)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - Approved E- Mail ID In Letter Head_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 - Distributor Form_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checked

Checked

Submitted

(R\M / G.M)

(H.R / A.C)

Name:-_____

Post:-_____

Approved by

Mobile No:-_____