**Kisan Brothers Private Limited** Regd. Off: 6<sup>th</sup> Floor Ashoka Chambers, Nr. Lions Hall, Mithakhali, Ahmedabad 380 006

Phone: 079-26400741-742, Fax: 079-26400830

E-mail: kbpl@d2visp.com website: www.indiamart/kisanbrothers

## APPLICATION FOR DEALERSHIP/DISTRIBUTORSHIP

Name of Company/Firm	:		
2. Complete Postal address	:		
3. Phone NoEmail:		Fax No	· · · · · · · · · · · · · · · · · · ·
4. Name of responsible person	:		
<ol><li>Whether Proprietary/Partnership Private or Public Ltd. company or Registered Co-op. Society</li></ol>	:		
6. Date of Establishment/Registration	:		
7. Name of Proprietor/Partners/ Directors/President (Attache Separate sheet, if required	:		
8. VAT No		Dt	
CST No		Dt	
9. Fertilizer License No. Retail	W	hole Sale	
10. Last three year Turnover	:		
10. Last three year Turnover	:		
10. Last three year Turnover	:		
10. Last three year Turnover	:		
<ul><li>10. Last three year Turnover</li><li>11. Nature of Existing business</li></ul>	:		
	:		
	:		
<ul><li>11. Nature of Existing business</li><li>10. Since how long in agriculture</li></ul>	:		
<ul><li>11. Nature of Existing business</li><li>10. Since how long in agriculture Input business</li><li>11. Name of major agriculture inputs</li></ul>	: : : : : : : : : : : : : : : : : : : :		
<ul> <li>11. Nature of Existing business</li> <li>10. Since how long in agriculture Input business</li> <li>11. Name of major agriculture inputs Being marketing by you</li> <li>12. Names of leading companies</li> </ul>	: : : : : : : : : : : : : : : : : : : :		
<ul> <li>11. Nature of Existing business</li> <li>10. Since how long in agriculture Input business</li> <li>11. Name of major agriculture inputs Being marketing by you</li> <li>12. Names of leading companies whose are marketed by you.</li> </ul>	: : : : : : : : : : : : : : : : : : : :		
<ul> <li>11. Nature of Existing business</li> <li>10. Since how long in agriculture Input business</li> <li>11. Name of major agriculture inputs Being marketing by you</li> <li>12. Names of leading companies</li> </ul>	: : : : : : : : : : : : : : : : : : : :		

17. Name & address of your Bankers	:			
			<del></del>	
18. Bank limit available to you	:			
19. Name of Transporter	:			
20. Number of staff – Office	:	Field		
21. Block/Taluka/Dist you wish to Represent us	:			
23. Minimum yearly sales guarantee for our products	:	Rs		
24. Any other information	:		<u>-</u>	
			<del></del>	
		Place :	Date :	
		(S	Signature)	
		(Name of Signatory)		
		(De	signation)	
COMPANY STAMP/SEAL				
FOR OFFICE USE ONLY				
Action Taken :				