Dealers

QUESTIONNAIRE FOR DEALERS/AGENTS

- 1. NAME OF THE COMPANY:
- 2. REGISTERED OFFICE ADDRESS:

TELEPHONE NO.: FAX NO.:

- 3. NATURE OF FIRM/COMPANY: PROPRITARY/PARTNERSHIP/PVT. LTD./PUBLIC LTD.
- 4. INFORMATIONS ABOUT DIRECTORS/PARTNERS (THIS PART SHOULD INCLUDE INFORMATION ON AGE, QUALIFICATIONS, EXPERIENCE, AREAS OF SPECIALISATION ETC. PLEASE ATTACH A SEPARATE SHEET)
- 5. DATE ON WHICH THE COMPANY/FIRM WAS ESTABLISHED:
- 6. PRESENT ACTIVITIES OF THE FIRM (INCLUDING BRANCHES IF ANY):

PRODUCT	PRINCIPAL(S)	NATURE OF	DEALING	ANNUAL
		RELATIONSHI	SINCE	SALES OF
		WITH THE	(MONTH/YEAR)	LAST 3
		PIRICIPAL		YEARS(IN
				Rs.
				LACS/YEAR)

SUPPLIER/V	ION ON REGISTRATION VENDOR WITH VARIOUS R ORGANISATION WITH	S GOVERNMENT	
NAME OF THE GOVERNMENT ORGANISATIONS AND OTHER ORGANISATIONS	PRODUCT/SERVICES FOR WHICH REGISTERED	REGISTERED SINCE (MONTH/YEAR)	
8. SOURCE (S)	OF FINANCE:		
9. NAME AND	ADDRESS OF BANKER:		

SALES TAX REGISTRATION NUMBER:

12. INCMOME-TAX PERMANENT A/CNO.:

13. NO. OF PERSONNEL EMPLOYED:

(STATE AND CENTRAL)

11.

- 14. SELLING INFRASTRUCTURE:
- 15. PRESENTLY AVAILABLE FIELD STAFF FACILITIES:
- 16. PRESENTLY HANDLED MAJOR INDUSTRIES BY FIELD STAFF:
- 17. FACILITIES AVAILABLE:
- 18. ASSISTANCE FOR AFTER SALES SERVICES:
- 19. ANY OTHER RELEVANT INFORMATION: