

ZED LIFESTYLE PRIVATE LIMITED

REDG. ADDRESS :- OFFICE 4, T.F. 32, SWASTIK SOCIETY, OM COMPLEX, OPP. BHAGWATI CHAMBERS, C. G. ROAD, NAVRANGPURA, AHMEDABAD - 380 009.

Tel :- 079 4002 6257, Email :- support@beardo.in

DISTRIBUTOR PROPOSAL FORM

Name of Firm : _____

Nature of Appointment : New Additional Replacement

Reasons for Additional Appointment/Replacement : _____

Name of the Distributor being Replaced : _____

Type of Firm : Proprietorship Partnership

TIN No. :

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CST No. :

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Incepted Since :

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Name of Proprietor / Partner : _____

Office Address : _____

Landmark : _____

Town : _____

State : _____

Pin Code :

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Telephone No. (With STD Code) :

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Mobile No. :

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E-Mail Address : _____

Weekly off : _____

No. of Salesman's in your firm ? : _____

No. of Delivery Person's in your firm ? : _____

No. of Vehical's used for Delivery ? : _____

Total Routes Covered by Stockist ? : _____

Nature & No. of Outlets Covered :-

Cosmetic Stores	:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Novelty & Gift Stores	:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Stores	:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kiryana Stores	:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Super Market	:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total No. of Outlets (A & B Class Only)	:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Current Business Associations

Name of the Company	Distributor Since	No. of Routes Covered	Annual Turnover	Type

Stamp & Signature of Distributor :

Signature of ASM :

Proposal Date : _____

Note : Kindly attach the following :-

- Request Letter
- DD / Cheque
- Copy of TIN Certificate
- Copy of CST Certificate
- Copy of PAN Card
- Existing Distributor NOC