

Application Form

for Stockistship / Dealership for Garg Products

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State & District applied	d for																						
Personal Details Name of Applicant Mr./Ms./Mrs.																							
Name of Applicant	IVIT.	/ IVIS	./ 1011	5.			<u> </u>							 					 	I		<u> </u>	
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Firm Name																							
Office Address																							
																	Pin:						
Tele. No. STD CODE					(0)	<u> </u>	1							(0)						Γ		1	
Mobile No.					. ,		1	1			1	(R)									1]	
Contact Person:	(2)	Mr	/Mc	./Mr				1]	(,									I	_ 	
Contact Person.	(a)	IVII .	/ 1015.	./ 1011	5.			1											 	I		<u> </u>	
	(b)	Mr.	/Ms.	./Mr	s.																		
							Cu	irrer	nt Bu	sine	ss D	etai	ls										
Year of Establishment:]			isine	ss D	etai	ls							•			
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Constitution:		er/ D	Direc]				ess D			Part			gent		Pvt	. Ltd Dea		I	
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	(i) (ii) (iii) (iv)	(v) (vi) (vii) (viii)	(ix) (x) (xi) (xii)
	Г	Present Infrast	
Territory of Operation:		(v)	(ix)
(District Name)	(ii)	(vi)	(x)
	(iii) (iv)	(vii) (viii)	(xi) (xii)
Warehouse Details : (Location/Area)			
		Any other Relevant	nt Information
I my knowledge and beli	ief.	do hereb	by declare that what is stated is true to the best of
			Signature of Declarant
		Important Re	emarks

Information sought through this application form is for the purpose of evaluation & should not be constructed as commitment of any kind.

We reserves the right to reject any or all such applications.