

PRIVATE & CONFIDENTIAL

**DISTRIBUTOR / DEALER ENLISTMENT
&
AGREEMENT FORM**



MANDEV TUBES PVT LTD

CORPORATE OFFICE:-

276, Surya Mahal, 2nd Floor,
Office No. .82, J.S.S Road ,
MUMBAI - 400 004,
MAHARASHTRA STATE (INDIA)
Tel: +91-22-6613 1818
Fax : +91 - 22 - 6613 1819
E-mail: mantubes@vsnl.net,
jp@mandevtubes.com

MANDEV TUBES PRIVATE LIMITED

DIVISION: _____

ZONE: _____

DISTRIBUTOR / DEALER ENLISTMENT & AGREEMENT FORM

Date : _____

1	NAME OF FIRM		
2	ADDRESS		
		Pin Code	State
3	Branch/Godown Address		
4	Telephone (mention STD code)	Office : Residence : Mobile : Fax :	
5	E-mail		
6	TIN No.	(Enclose copy of TIN/Sales Tax Registration Certificate)	
7	Income Tax PAN No:		
8	Ownership Status	Proprietor/Partnership/Pvt. Ltd. (strike out whichever not applicable & enclose copy of registration)	
9	Names of Sister Concerns (if any)	1. 2. 3.	
10	Name(s) and residential address of Proprietor/Partner/Director		
	Name	Address & Ph. No.	Designation
1			
2			
3			
11	Contact Persons :-		
	Name	Address & Ph. No.	Designation
1			
2			

13	Details of fixed assets owned by Proprietor/Partners							
(a)	Shop/Office	Owned/Rented	If owned, Name of owner, _____					
(b)	Godown	Owned/Rented	If owned, Owner, _____					
(c)	Residence	Owned/Rented	If owned, Owner, _____					
(d)	Any other		Owner, _____					
14	Details of Car/Motorcycle owned by Firm/Proprietor/Partner:-							
(a)	Vehicle Type & Model							
(b)	Registration No.							
15	No. of Persons in the Organisation:							
	(a) Market/Field Staff:		(b) Counter Staff :					
16	Introducer/Reference:-							
	Name		Address & Ph. no.		Designation			
1								
2								
17	Details of Distributorship / Dealerships already handled:-							
S. No.	Name of the Company	Date of Starting	Product	Turnover over last 3 years			Contact person in Co.	Terms of Payment
1								
2								
3								
4								
18	No. of years in Business:-							
19	Relationship with Mandev's Area Distributor(s)/Dealer(s), if any							
S. No.	Name	Relationship			Remarks			
1								
2								
19A	Dealing with Other Division/Products of Mandev							
S. No.	Division/Product		Area		Annual Sales			
1								
2								
3								
20	Desired Area of Distributorship/Dealership:-							
21	Details of Showroom/Office							
	Showroom Area Office Area God own Area Photographs of the shop (end)							
22	Weekly Holiday _____			Market Day _____				
23	Is the Showroom easily accessible to the customers:-							
24 (a)	Name & Address of the Main Bankers and details of Bank Facilities presently available including Bank Account Details:-							
(b)	Credit Limit Sanctioned by Bank:							
(c)	Bank Account No. :-							

25	Octroi Duty/Sales Tax/Entry Tax applicable in your area (%)
26	How much are you willing to invest? Rs.
27	Amount of deposit with the company Rs.
28	Please enclose a copy of your latest (1) Balance Sheet and (2) Income Tax Return.
29	Any other information

I/We hereby declare that particulars declared as above are true to the best of my/our knowledge. The credit facility as may be sanctioned by **you** will be acceptable to me/us. I/We also hereby assure you that we shall clear all your outstanding as per credit period and monetary ceiling sanctioned/ to be sanctioned to me/us and or pay the entire outstanding as and **when** demanded by you. I/We are enclosing two **nos.** blank cheques (cheque no. _____ & of _____) which can be presented for payment in case of default in clearance of your outstanding payments against supplies of furniture to our firm and our dealers.

(Signature)
(With Rubber Stamp)

Date: _____

For Office use only
i) MasterCode No. _____ (Existing) Code No _____
ii) CREDIT ASSESSMENT a) period (Days) _____ b) Ceiling _____
iii) Review / Revision of credit Limits after 12 months i.e. during _____ 200
Comments , If any _____
Security Deposit Rs. _____ , Cheque No _____ Date _____

Marketing Incharge	Sr. General Manager	Ex. V.P./Director
-------------------------------	----------------------------	--------------------------

Instructions

(A) How to fill up the Enlistment Form :

1. Pl. complete all the details in the Form. Pl. don't leave any blank. Pl. write N.A. or Nil etc., as may be applicable.
2. Pl. attach separate sheet where space is short.
3. In case of any difficulty in filling up the form, pl. contact the Marketing In-Charge for the concerned Product(s).

(B) Documents to be attached with the Enlistment Form

1. Copy of the Registration Certificate, if applicable, of a sole Proprietorship/Partnership and copy of the Partnership Deed. (Refer Point 9).
2. A copy of Memorandum & Articles of Association, if it is a Limited Company. (Refer Point 9).
3. A copy of each of the latest (I) Audited Balance Sheet and Profit & Loss Account, (ii) I. Tax Return (Refer point 28)
4. Photos of Shop, Godown, Show room, Office etc. (Refer point 21)
5. Copy of Bank A/c statement for last 6 months (Refer Point 24)

