



DISTRIBUTOR/SS APPOINTMENT FORM

NAME OF THE FIRM:- _____

TYPE OF FIRM:- (PROPREITOR/PARTNER/LLP/PVT LTD) _____

REGISTERED/CORRESPONDENCE ADDRESS:- _____

NAME OF THE CONTACT PERSON :- _____

MOBILE NUMBER:- _____ AADHAR NO _____

1. PAN NO :- _____ 2. GST No :- _____

3. Area of Godown (in sq ft) _____ 4. No of Sales Staff:- _____

5. Details of Area/Town Covered :- _____

Name of Sadguna Representative

Signature of Sadguna Representative

Signature of Vendor with Stamp

Date:-

Date:-

(Note :- Please furnish xerox copy of aadhar copy, pan no and GST certificate)