

A UNIT OF MOTHER FOUNDATION

MAA PHARMACEUTICALS AND RESEARCH CENTER

A-26, Panchsheel, AJMER-305001, RAJASTHAN,

Web- www.maaayurvedics.com, info@maaayurvedics.com, director@maaayurvedics.com.

APPLICATION FORM FOR DISTRIBUTORSHIP / DEALERSHIP

Application No. _____

WORKING AREA

Name of the Working Area :

Block Name/Ward : District :

State Pin Code

Application for : Distributorship Dealership Stockiest DMA

A. GENERAL INFORMATION:

1. Name of the Firm :

2. Nature of the Firm : Proprietary Partnership Pvt. Ltd. Co. Public Ltd. Co.

3. Address of the firm :

4. Contact person and Designation :

5. Contact Nos. with STD Codes : Code No. : Res.: Off.:

Mobile : Fax :

E-mail :

6. Name of Prop. / Partner / Director :

D.L. No. : S.T. No. :

C.S.T. No. : PAN :

7. Details of Staff :

i) Sales Staff :

ii) Office Staff :

8. Mode of Delivery :

9. Products presently dealt : 1) 2) 3).....

10. Yearly turnover :

11. No. of outlets in your area:

12. Area preferred for operation :

13. Name and Address of your Bankers :

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14. Name of Your Transporters (Bank Approved) :.....

15 **Family Details :**

i) Name of Son/s :

ii) Name of the Daughter/s :

iii) Name of the Brother/s :

b) Person to be contacted in your absence:

Name :

Address :

.....Tel. No.:

Post :

Father's/Husband's Name :

Relation with the Applicant :

Is there any B. Pharma / M. Pharma / Doctor etc. in your family ? Yes No

If 'Yes' Please Provide Details :

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Educational Qualification :

Phone No. : (O) (R)

E-mail :

B. BUSINESS INFORMATION :

1. Year of establishment :
2. Nature of Business :
3. Annual Turnover (Approx.) :
4. Brands dealt with : 1. 2.
3. 4.
5. Office space :
6. Branches / Dealers (if any) : 1.
2.
3.
7. Customer base :
8. Godown space :
9. Banker's Name & Address :
10. Bank limits enjoyed :
11. Sales Tax Registration details :
12. Any achievements / appreciation from the principal companies :

C. BUSINESS INTEREST:

1. Product Interested in : **Allopathics Products** **Ayurvedics Products**
 Herbals Products **O.T.C. Products**

2. Main Strength : C & F Agency - no. of dealers covered
 Direct Marketing - no. of front line sales force
3. Would you like to be a business Partner for (area) :
4. Any specific location advantage (such as hill stations etc) : a) b)
c)
5. Do you like to take the products as : Separate profit center as part of my business
6. Can you undertake the after sales services for the products : Yes No
7. Expected annual turnover from **MAA PHARMACEUTICALS AND RESAERCH CENTER**:

I, S/o. do hereby declare that the information furnished above is true to the best of my knowledge and belief. I hereby apply for distributorship / dealership of **MAA PHARMACEUTICALS AND RESAERCH CENTER**.

Place :

Date :

Date of Form Submission:

(Signature of Distributor / Dealers)

Check List of DOCUMENTS REQUIRED

1. Building Plan
2. Rent/ Leased/ Ownership Document
3. Proprietors Photo ID (License/ Passport/ Voter ID)
4. Proprietors PAN Card
5. Proprietors Address Proof
6. Proprietors Qualification (Update C.V. and other supporting Documents)
7. Registration Details. (Marketing license / Proprietorship)
8. Three years ITR
9. Latest Bank Statement
10. Security Deposit

Application No.

FOR OFFICE USE ONLY - Comments of the Sales Executive
(To cover the market reputation, Dealer's potential, Dealer's personal back ground etc.)

Date : _____

Recommendation of the Manager

Date : _____

Approved Not approved Reason (if not approved) :

Date : _____

Marketing Manager

TERMS & CONDITIONS

CRITERIA FOR SELECTION OF DISTRIBUTOR

1. Adequate / Proper storage Minimum 500 to 1500 Sq.ft.
2. Good market reputation in terms of service management.
3. The storage should be bacteria free & adequate for the storage of Pharmaceutical Products, as per the guidelines of the Company.
4. Proper Delivery Arrangements.
5. Should have all requisite infrastructures in the areas of administration and supply.

FUNCTION OF DISTRIBUTOR

1. Should place order with the Company 30 days in advance.
2. Should assist the company in marketing support activities.
3. Should maintain proper sales records.
4. Should oversee the activities of the company staff & inform on abnormalities, if any.
5. Should provide proper feedback for the marketing activities in his territory.

OTHER TERMS & CONDITIONS

1. Goods will be supplied on FOR destination Basis.
2. The products include **all types of medicines including Allopathic, Herbals, Ayurvedic, Diabetics Care Products, Insulin, Growth Hormones, Food, Nutraceuticals, Life Saving Drugs, etc. We also offer complete range of medicines for regular health & Personal Care, Body Care & Skin Care.**
3. Company will provide sales support and also incentive schemes from time to time.
4. Replacement against manufacturers' defects and date-expired goods.
5. Tax elements to be handled by the C & A Agents / Distributors, as per rules.
6. Publicity materials like Posters, Brochures, Pamphlets and Stickers will be supplied.
7. The Prices are subject to change without notice.
8. All disputes are subject to Mumbai Jurisdiction only / arbitration clause will also apply.

(Signature of Distributor)