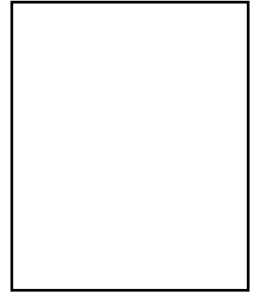




GARWARE PAINTS LTD.

CARRY & FORWARDING AGENT APPOINTMENT FORM

QUESTIONIER



You are requested to please Co-Operate our Sales Executive to complete the following information's so as to facilitate ourselves to serve you in a better way.

1.	Full Name & Address					
2.	Residence Address					
3.	Phone Nos.	(Code)	(Off.)	(Shop)	(Resi.)	(Mob)
4.	E-Mail Address					
5.	Skype Id					
6.	Constitution of Firm Proprietorship / Partnership / Company					
7.	Name of Proprietor / Partners / Director					
8.	Name of Dealing Person					
9.	Pan No.					
10.	Your Marriage Anniversary Date				D.O.B :	
11.	Childrens				D.O.B : 1. 2.	
12.	Tin No.					
13.	Bankers Name & Address					
14.	Year of Establishment					
15.	Exiting Business (Main Items)					
16.	Dealership held for any other Paint Mfrs. And Their annual turnover					
17.	Proposed annual off-takes of our products Rs.					
18.	Investment proposed in our initial stocks order Rs.					
19.	Govt. Deptt. Contact where regular business is done by you.					
20.	Area / Distts. Desired for operating.					
21.	No. of Sub-Dealers proposed to be appointed by you in your area					
	for our products and their places.					
22.	Mode of payments of our Bills desired.					
23.	Mode of dispatch desired.					
24.	Closing Day of your Market.					
25.	Details of cheque as Advance / Earnest money.				Ch.No..... Dt..... Rs.....	

Place :
Date :

Signature of authorized person
with status seal