



Garware Paints Ltd.

Distributor / Dealer appointment form

Photograph
of the
Dealer/
Distributor

-----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. Firm Name & Address | | | | | |
| 2. Phone Nos. | (Code) | (Off.) | (Shop) | (Resi.) | (MOB) |
| 3. E-Mail Address | | | | | |
| 4. Fathers name Residence address | | | | | |
| 5. Constitution of Firm Proprietorship / Partnership / Company | | | | | |
| 6. Name of Proprietor / Partners / Director | | | | | |
| 7. Name of Dealing Person | | | | S/o | |
| 8. Aadhar No. | | | | PAN No. | |
| 9. Your Marriage Anniversary Date | | | | D.O.B : | |
| 10. Children | | | | D.O.B : 1. 2. | |
| 11. GST No. | | | | | |
| 12. Bankers Name & Address | | | | | |
| 13. Year of Establishment | | | | | |
| 14. Exiting Business (Main Items) | | | | | |
| 15. Dealership held for any other Paint Mfrs. And Their annual turnover | | | | | |
| 16. Proposed annual off-takes of our products Rs. | | | | | |
| 17. Investment proposed in our initial stocks order Rs. | | | | | |
| 18. Govt. Deptt. Contact where regular business is done by you. | | | | | |
| 19. Area / Distts. Desired for operating. | | | | | |
| 20. No. of Sub-Dealers proposed to be appointed by you in your area for our products and their places. | | | | | |
| 21. Mode of payments of our Bills desired. | | | | | |
| 22. Mode of dispatch desired. | | | | | |
| 23. Closing Day of your Market. | | | | | |
| 24. Details of cheque as Advance / Earnest money for verification | | | | Ch.No..... Dt.....Rs 500 | |

Place : 1) 4)
 2) 5)
Date : 3) 6)

Signature of authorized person
with status seal & revenue stamp