



# DIRECT ACCOUNT PROPOSAL FORM

Divn: ..... Home Care .....

Depot: .....

Expected date: ..... Location: Local [ ] / Upcountry [ ] Advance [ ] Credit Days: [ ] .....

## **PROPOSED STOCKIST NAME & ADDRESS** \_\_\_\_\_

Name: .....

Address: .....

Town: ..... State: ..... Pin Code: .....

## **CONTACT PERSON & PHONE NUMBER** \_\_\_\_\_

Name: .....

STD & Phone No: ..... Mobile No. : .....

Fax No.: ..... Email Id: .....

## **BANKERS DETAILS** \_\_\_\_\_

Name of the Bank: ..... IFSC .....

Address of the Bank: .....

City: ..... ACCOUNT NUMBER: ..... PIN: .....

ACCOUNT IN THE NAME OF: .....

ACCOUNT TYPE: .....

GST: .....

PAN: .....

FSSAI: .....

DL, IF: .....



**NATURE OF BUSINESS OF STOCKIST** \_\_\_\_\_ GROCERY ( ) / Non - GROCERY ( )

Date of Establishment: ..... Nature of Firm: .....

Proprietorship / Partnership: ..... If Partnership: (Attached Partnership Deed)

Name of Partner: .....

Address: .....

Phone no.: ..... Email Id : .....

**DETAILS OF CURRENT BUSINESS** \_\_\_\_\_

Cos Handled	Avg. Turnover p.m. (last 6 months)	Avg. Investment (avg. paid up stock + avg Mkt credit)	Geographical Area Covered	No. of Salesman Employed	No. of Vans / 3 wheeler / mobile units	No. of Route covered	Outlets Covered		
							GROCERY	NON-GROCERY	TOTAL

**To Mandas consumer care pvt limited**

I / We hereby apply for Direct Appointment as a Mandas Customer and will be dealing FMCG Products for

..... Area & I / we agree that the information furnished above is true

Date: .....

Distributor Signatory & stamp ( )



**DETAILS FROM THE SALES OFFICER & ASE** \_\_\_\_\_

1) Is this proposal in replacement of an existing customer? If yes :

Name of the stockiest being replaced: .....

Current Business p. m.: .....

Current Investment: .....

Name: .....

Add, Ph: .....

2) Do we have resignation / agreement from being replaced FROM THE EXISTING CUSTOMER ?

3) Is this proposal in addition to existing customer? If yes :

Current Business p.m.: .....

Expected Business p.m.: .....

Expected Investment: .....

**Qualitative Remarks from the ABM on this Appointment Proposal:**

**FOR OFFICE USE ONLY**

Customer Code: ..... Area Code: .....

Approved Transporter: .....

Name: .....

Code: ..... App. Parameter: .....

CL : .....

Expected turn over: .....

outlet coverage: .....

\_\_\_\_\_ **APPROVALS** \_\_\_\_\_

DATE ..... SO ..... DATE..... ABM ..... DATE ..... SM ..... DATE .....NSM .....DATE .....FINANCE