



# SUPER 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: .....