

EVALUATION FORM FOR DISTRIBUTORS/FRANCHISERS AND CREDIT CUSTOMERS

A General Details		
1	Name of Business/Applicant	
2	Status Of business/Applicant	(Doctor/Franchiser /Distributor/Credit customer)
3	Business Reg. No	
4	Year of Establishment	
5	Address	Business Personal
6	Telephone	Fixed line: Mobile:
7	Fax	
8	Email	
B Details of Owner /Proprietor / Partners (If any)		
C Details of Credit requirement		
Credit Limit _____ for _____ days		
D Bank Reference		
Name of the account & Branch		Account No.
E Description about current Business Statues (in few lines)		

Documents Required

1. Copy of Valid Trade License/Business Registration
2. Picture of the Business premises
3. Copy of NIC or Passport of the applicant/Proprietor
4. Formal Request letter and the recommendation of PIR.
5. Copy Of a Bank statement
6. Details of Authorized signatories for cheques (Name, Designation and specimen signature).

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1/we agree to the above condition and declare that all information given in this application are true and correct.

Name

Signature.....

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Company Stamp