



Taj group of companies

TAJ PHARMACEUTICALS LTD.

Regd. Office - 434, Laxmi Plaza, Laxmi Industrial Estate,
New Link Road, Andheri (W), Mumbai - 400 053.
P.H. : 91-22-2637 4592, 91-22-2637 4593, FAX: 022-2634 1274.

Web Site : www.tajpharmaceuticals.com
E-mail : tajgroup@tajpharmaceuticals.com /
tajpharmaceuticals@rediffmail.com

APPLICATION FORM FOR DISTRIBUTORSHIP / DEALERSHIP



WORKING AREA

Name of the Working Area
Block Name/Ward : District :
State Pincode.....

Application for : Distributorship Dealership Stockiest DMA

A. GENERAL INFORMATION:

- 1. Name of the Firm :
- 2. Nature of the Firm : Proprietary Partnership Pvt. Ltd. Co Public Ltd. Co.
- 3. Names of Partners / Directors : 1. 2.
- 4. Address of the firm (Rubber Stamp Preferable) :
- 5. Contact person and Designation :
- 6. Contact Nos. with STD Codes : Code No. : Res.: Off.:
Mobile : Fax :
E-mail :

B. BUSINESS INFORMATION :

- 1. Year of establishment :
- 2. Nature of Business :
- 3. Annual Turnover (Approx.) :
- 4. Brands dealt with : 1. 2.
3. 4.
- 5. Office space :
- 6. Branches / Dealers (if any) : 1.
2.
3.
3.
- 7. Customer base :
- 8. Godown space :
- 9. Banker's Name & Address :

10. Bank limits enjoyed :
11. Outstanding litigation, if any :
12. Sales Tax Registration details :
13. No. of employees : Managers Salesmen Technicians Delivery Boys
14. Any achievements / appreciation from the principal companies :

C. BUSINESS INTEREST:

1. Product Interested in : **Allopathics Products** **Ayurvedics Products**
 Herbals Products **O.T.C. Products**
2. Main Strength : C & F Agency - no. of dealers covered
 Direct Marketing - no. of front line sales force
3. Would you like to be a business :
Partner for (area) :
4. Any specific locational advantage : a) b)
(such as hill stations etc) c)
5. Do you like to take the products as: Separate profit center as part of my business
6. How many people can you apportion : Salesman Service Technician for this business
7. Can you undertake the after sales : Yes No
service for the products
8. Expected annual turnover from Taj Group Products :

I, S/o..... do hereby
declare that the information furnished above is true to the best of my knowledge and belief. I hereby apply for
distributorship / dealership of **TAJ PHARMACEUTICALS LTD.**

Place : (Signature of Distributor / Dealers)

Date :

Apply for Last Date : 02/08/05 (Signature of Distributor / Dealers)

Instruction to fill Up the Form :

- 1) Fill up the form carefully & Tick Mark as per your availability.
- 2) Please attach your recent photograph & any Identification Proof along with this application.
- 3) Any incomplete Form is not acceptable; if you want to do business more than one area then you has to fill up another form.