

BUSINESS ASSOCIATE / FRANCHISE FORM

1. NAME OF APPLICANT-.....
2. NAME OF PARTNER-.....
3. NAME OF FIRM-
4. ADDRESS OF FIRM-.....
5. RESIDENTIAL ADDRESS.....
6. TELEPHONE NO(OFF)-..... (RES).....
7. E-MAIL ADDRESS-.....
8. FACEBOOK-.....
9. DATE OF BIRTH-.....
10. DRUG LICENSE NO-
11. GSTIN NO-..... PAN NO-.....
12. PREFERRED TRANSPORT-
13. DELIVERY STATION-.....
14. WORKING HOURS-..... WEEKLY HOLIDAYS-.....
15. ARE YOU DEALING WITH ANY PHARMACEUTICALS/AYURVEDIC CONCERNS IF SO DETAILS-.....
16. AREA-.....
17. TERRITORY DISTRIBUTION-.....

We certify confirm that the above given information is correct.

Authorized Signatory (with Stamp)

Date: