

OTEGEN GLOBAL INCORPORATION

14/6, Mathura Road, Opposite-HSIDC, Plot No-99D

Sector-31, Faridabad-121003

Distributor Form

For H.Q: _____

1) BASIC INFORMATION:

NAME OF THE DISTRIBUTOR: _____

PERMANENT ADDRESS: _____

TOWN: _____ CITY: _____ STATE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

Details of Immovable Property: _____

2) CONSTITUTION OF DISTRIBUTOR:

PROPRIETORSHIP/PARTNERSHIP/PRIVATE: _____

(Limited Co/Public/Others)

DETAILS OF PROPRIETOR/PARTNER/DIRECTOR: _____

NAME	ADDRESS AND PHONE	RESIDENCE ADDRESS AND PHONE	QUALIFICATION

3) WORK EXPERIENCE:

PERIOD	ORGNSTN NAME	PRODUCTS DISTRB.	SALE VALUE

4) MANPOWER

ADMINISTRATIVE STAFF: _____

SALES STAFF: _____

NAME	DESIGNATION	YEARS	TOTAL EXP.	QUALIFICATION	SALARY

5) How much amount you can deposit in security? In Lac Rs: _____

6) Whether you would be a distributor of Otegen Global Products only?

7) How do you propose to raise funds for this distribution?

Own Capital (Rs.LAKHS): _____

Loans from financial Institutions (Rs. LAKHS): _____

Other Sources (Rs.Lakhs): _____

8) **Business and Accounts:**

Drug License Number: _____

TIN Number: _____

PAN Number: _____

Number of retailers in chain: _____

Warehouse Facility (Yes/No): _____

Transport Vehicle (Yes/No): _____

Bank Details (Please Attach Cancelled Cheque):

Bank Name	Account Number	Bank Contact Person	Bank Address and
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			Contact Number

Name Signature and Stamp of Authorized Person

For Otegen Global Office use:

Remarks:

Signature and name of Otegen Global sales person:

Remarks of HOD Finance/SCM Head:

Approved/Not Approved by the managing director of Otegen Global: