

MICKY METALS LTD.

48/D, Muktaram Babu Street, Kolkata - 700007

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DISTRIBUTOR APPLICATIONS FORM

To be filled in Block Letter

- Name of the Applicant :
 - Address of the Applicant:
 - Name of the Firm:
 - Regd. Address:
 - Town: District:
 - PO: PS:
 - Mobile No: Phone No: Email Id:
- Enclose self attested Address Proof of Proprietor / Partner / Director

Bank details

- Bank name: Branch:
- Nature of A/C (CC / Savings / OD):
- Account No: IFSC Code:
- Name of Authorised Signatory:

Security Deposit

- Bank name: Branch:
 - Cheque No.: Dated: Amount:
 - (In Words): Payable at:
10. **Status of Firm (Tick any)** Proprietorship Partnership LTD Company
- Enclose a copy of Partnership Deed in respect of Partnership Firm and Memorandum of Articles in respect of Limited Concerns
Detail of Proprietor / Partner / Director

- a)
- b)
- c)
- d)

- PAN: GST No:
- Please indicate no. of persons employed in your firm including active partners:
- Godown size:
- Godown address:
- Attached copy of Trade License
- Are you already a TMT trader? Yes No
- If yes which brands are being handled: Years:

Brand wise details	Brand	Monthly Sales (MT)

- How much minimum sales you can generate per month? :
- Date of Birth : Wedding Date :

Place:

Date:

Signature of the Applicant(s)
(with Rubber Stamp)

DOCUMENTS REQUIRED

1. Id Proof i.e. Aadhaar Card / Voter Card / PAN Card
2. Address Proof i.e., Bank Passbook
3. Last Six Months Bank Statement attested by Branch Manager
4. Two Firm's Letterhead for delivery of order (Signature with Seal)
5. Two copy Passport size photos
6. Blank Cheque

TERMS & CONDITIONS

Distributor will have to maintain the following Conditions

1. All order should be submitted on distributor's Letterhead.
2. All payment must be paid by RTGS / NEFT only and UTR No. should be confirmed to the head office.
3. Cash transactions are strictly prohibited.
4. ₹ 500.00/- will be debited to your account if your cheque is dishonoured by your banker.

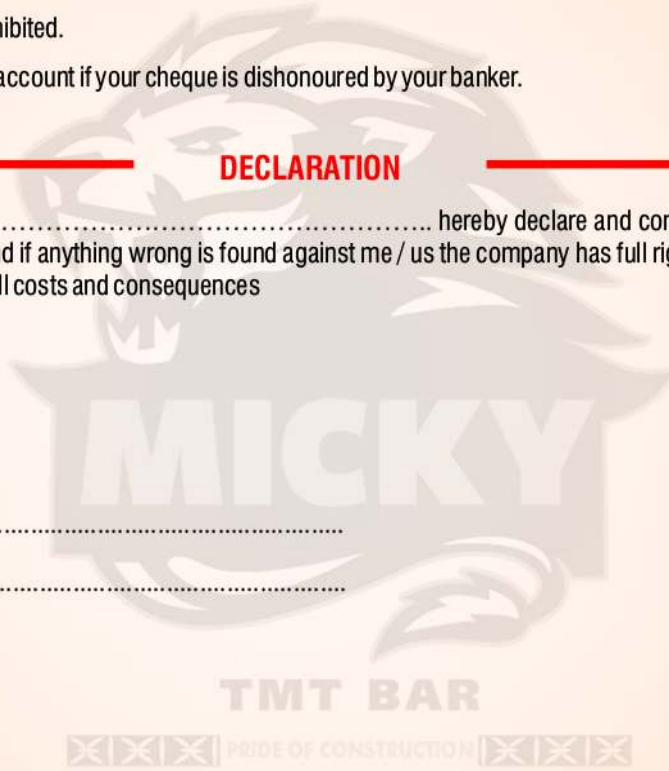
DECLARATION

I..... hereby declare and confirm all the above said terms and conditions will be fulfilled by me / us and if anything wrong is found against me / us the company has full right to cancel my appointment with immediate effect and I will be liable for all costs and consequences

Witness:

Address:

Signature of Distributor (with seal)



FOR OFFICE USE ONLY

Assessment and recommendation of clearing and forwarding agent and area in-charge

1. Business Potential of Applicant (Estimated Sales / Month) :

2. Assurance regarding Turnover (min. sales):

Remarks of Sales Promoters:

Remarks of SO / ASM:

Remarks of VP: