



ISUN INDIA

CORPORATE OFFICE: FLAT 1-A, TVH MAHANYA
No. 340, VELACHERY MAIN ROAD, VELACHERY, CHENNAI 600 042.
TAMIL NADU, INDIA

DISTRIBUTOR/DEALER APPOINTMENT FORM

1. DETAILS ABOUT THE ORGANIZATION:

REGISTERED NAME OF THE ENTITY	
BUSINESS CONSTITUTION (SELECT AS APPROPRIATE)	<input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP FIRM <input type="checkbox"/> PRIVATE LIMITED COMPANY UNDER COMPANIES ACT, 1956 <input type="checkbox"/> PUBLIC LIMITED COMPANY UNDER COMPANIES ACT, 1956 <input type="checkbox"/> ANY OTHER ORGN. (KINDLY SPECIFY) -----
DATE OF INCORPORATION / REGISTRATION	___ / ___ / ____ (FORMAT : DD / MM / YYYY)

2. NAME OF OWNERS / PARTNERS / DIRECTORS: (PLS STRIKE OFF, WHICHEVER NOT APPLICABLE)

OWNERS / PARTNERS / DIRECTORS	SEX	AGE	RELATION	DATE OF BIRTH	SPECIMEN SIGNATURE

6. CENTRAL SALES TAX / LOCAL SALES TAX /VAT

WHETHER REGD. IN CENTRAL SALES TAX	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHETHER REGD. IN LOCAL SALES TAX/VAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CST REGN NO. (PLS SUBMIT A VALID PROOF ALONG WITH)		
LST/ VAT REGN NO.(TIN) (PLS SUBMIT A VALID PROOF ALONG WITH)		
IF, AVAILING ANY EXEMPTION, KINDLY SPECIFY.		

7. SERVICE TAX

WHETHER REGD. IN SERVICE TAX	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SERVICE TAX REGN. NO. (PLS SUBMIT A VALID TAX PROOF ALONG WITH)		
WHETHER AVAILING ANY KIND OF SERVICE TAX ABATEMENT, KINDLY SPECIFY.		

8. BANK DETAILS

	Bank #1	Bank #2
NAME & ADDRESS OF YOUR BANKERS		
BANK ACCOUNT NO.		
MICR / IFSC CODE		
CC LIMITS		
CHEQUE TO BE ISSUED IN THE NAME OF : (PLS SUBMIT A CANCELLED CHEQUE AS A PROOF FOR MICR / IFSC / RTGS CODES)		

9. ANY MAJOR LEGAL CASE PENDING AGAINST THE FIRM / COMPANY / PARTNERS / DIRECTORS?

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10. PREMISES DETAILS

	NUMBER	SIZE (SQ FT)	OWNED/RENTED/LEASED	VALUE (RS/LACS)
OFFICE				
WAREHOUSE				
SERVICE				

11. NET WORTH OF DIRECTORS / COMPANY / PARTNERS / FIRM

12. LIABILITIES OF FIRM/COMPANY/PARTNERS/DIRECTORS

LIABILITIES	

13. OTHER COMPANY/BRANDS HANDLED IN PAST

PERIOD	BRAND	PRODUCT	TURNOVER (RS/LACS)	AREA COVERED

14. DISTRIBUTION NETWORK

LOCATION	NO. OF DISTRIBUTORS	NO. OF DEALERS	NO. OF RETAILERS

15. ISUN PROJECTED SALES

PRODUCTS	QUANTITY TO BE SOLD IN 1ST YEAR			
	3 MONTHS	6 MONTHS	9 MONTHS	11 MONTHS
CORAL 3G PHONE ISN707				
3G TABLET				
WIFI DATA CARD				
PORTABLE CHARGER				
3G DATA CARD				
2G TABLET				
SMART WIFI ROUTER				

16. FINANCIAL DETAILS

FINANCIAL DETAILS OF LAST 3 YEARS :	CURRENT YTD	2013-14	2012-13	2011-12
ANNUAL REVENUE (RS LAKHS)				
PBIT				
PAT				
TOTAL INVESTMENT				
NO. OF EMPLOYEES				

17. PROPOSED INVESTMENT BY DISTRIBUTOR IN ISUN BUSINESS

**18. NO. OF DAYS INVENTORY THAT CAN BE HANDLED WITH MINIMUM ORDER LEVEL
(FOR EACH PRODUCT)**

19. REASON FOR APPOINTMENT

20. ANY OTHER INFORMATION

THE FOLLOWING DOCUMENTS, DULY SELF-ATTESTED TO BE ATTACHED ALONG WITH THE FORM:

1. PROOF OF ADDRESS.
2. LIST OF AUTHORIZED PERSON & SPECIMEN SIGNATURE.
3. ARTICLE OF INCORPORATION / PARTNERSHIP DEED
4. CST / VAT REGISTRATION CERTIFICATE.
5. CST/LST/VAT RETURN FILED
6. LAST SIX MONTHS BANK STATEMENT (FOR ALL BANK ACCOUNTS)
7. LAST INCOME TAX RETURN FILED
8. TWO PASSPORT SIZED PHOTOGRAPHS OF PROPRIETOR/PARTNER/DIRECTORS—
SELF ATTESTED BY SIGNING ACROSS THE PHOTOS.
9. SISTER COMPANIES AND OTHER BUSINESS DETAILS.

DECLARATION

I/WE HEREBY, CONFIRM THAT:

1. THE INFORMATION FURNISHED ABOVE IS CORRECT.
2. THERE IS NO DISPUTE IN TRADE ACTIVITY OR WITH BANKS IN SISTER CONCERNS.
3. THIS AGREEMENT'S VALIDITY PERIOD IS 11 MONTHS FROM THE DATE OF SIGNING THE AGREEMENT. IT IS NECESSARY TO RENEW THE AGREEMENT AFTER THIS PERIOD.

(SIGNATURES OF
PROPRIETOR/PARTNERS/DIRECTORS)
AUTHORIZED DISTRIBUTOR

(NAME IN CAPITAL LETTERS)

PLACE: _____

DATE: _____

(SEAL)

ISUN BRANCH INFORMATION

BRANCH NAME	SALES LOCATION

REASONS FOR APPOINTMENT

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THE PROPOSAL IS ACCEPTED AND M/S. _____ IS APPOINTED AS DISTRIBUTOR OF ISUN INDIA WITH EFFECT FROM _____

**SIGNATURE
SALES MANAGER
NAME:
DATE:**

**VERIFIED BY
SIGNATURE
DIRECTOR
NAME:
DATE:**

TO BE FILLED BY SALES DEVELOPMENT TEAM

MASTER CODE OF DISTRIBUTOR / DEALER	
DATE OF APPOINTMENT	
SIGNATURE HEAD - SDT	