ELDER LABORATORIES LTD.

Date: ……

Division :

State Name:

HQ/Area Name:

Firm Name :

Address:

GST IN:

PAN No:

TAN No :

Food License No:……

Mobile No 1:

Mobile No 2:

Email Id:

Drug License 20 B: 21 B:

21 C:

Date of Incorporation:

Business Type: Wholesale / Retail / Both

Premises Status: Own / Rented

Name(s) of Proprietor /Partners/Directors

1.

2.

3.

4.

Responsible person (Person dealing the day to day activities)

Name :……

Residential Address:……

……

Mobile No:……..

Email id:……

Adhar No:……

Sister Concers if any (Firms in which any family members are acting as partners or proprietor or directors

Firm Name:…… Address……

Firm Name:…… Address……..

Banker's Name & Address:

A/c No:……Val in lacs CC Limit:…… Val in lacs

As per last year IT Returns:

Total Annual Turnover :Rs …… Val in lacs Total Capital Employed:Rs…… Val in lacs

Fixed Assets: Rs……Val in lacs Net Worth:Rs……Val in lacs

Details of Stockistship / Distributorship of other Companies:

Name of Company	Division Name	No. of years	Annual Turnover (Val in Lacs)

No of Sales men: …… No of vehicles for delivery:……..

Proposed Average Sales per month:…… In lacs Proposed Purchase Limit:……

Comments on financial stability:…….

Remarks by CFA

I have personally visited the party and verified the information submitted in this form is true. I have verified the financial credentials and am satisfied with the information, and I recommend the company to go ahead for customer creation for billing

CFA Owners Signature & Name

Remarks by Distribution:

I have verified the documents provided by the party and verified the financial credentials of the party from the bank statement provided and satisfied with the information and agree to go ahead for customer code creation and billing.

Signature of Distribution Manager

I personally visited the party and verified the information submitted in the form. I confirm the correctness of the same.

Signature & Name of ZSM / DSM / RM:

Approved Purchase Limit:…… in lacs	Signature of SBU Head:

List of Documents to be enclosed:

1. GSTIN Certificate copy
2. Drug License Copy (20B & 21B Or 21C)
3. Pan Copy ; Adhar Copy
4. Food License Copy
5. Cheques in favor of '**ELDER LABORATORIES LTD**' (8 Transaction Cheques)
6. Existing Company Purchase Bills.

Clause: Stockiest Accountability

- Stockiest are solely responsible for Ensuring receipt, verification, and safeguarding of all stocks billed in their name.
- Claims of non-receipt or diversion will not absolve payment liability unless reported in writing within 48 hours of billing.
- Stockiest must prevent diversion by field personnel or third parties and will be held liable for any resulting financial losses.
- Stockiest shall conduct all financial and commercial transactions exclusively in the name of the Company and shall not, under any circumstances, engage in direct dealings, financial or otherwise with any employee, sales personnel, or representative of the Company in their personal capacity. Any such direct dealing shall be considered a breach of terms and may attract strict penal action.
- Failure to comply may result in penalties, suspension of supplies or termination of stockiest ship.

STOCKIEST DECLARTION:

I/We, the undersigned Stockist(s), hereby confirm and acknowledge that:

1. The cheques issued in favour of **Elder Laboratories LTD** . ("the Company ") are provided in connection with the commercial transactions contemplated with the Company and are intended towards the discharge of financial obligations arising out of such transactions.
2. I/We have voluntarily issued undated cheques to the Company and expressly authorize the Company to insert the date and present the cheques for encashment in the event of any default or failure on our part to make payment of any amount due to the Company under the applicable terms of business.
3. I/We further undertake to replace and submit fresh cheques for the upcoming financial year on or before 1st April each year. In the event of failure to do so, I/We understand that the Company shall be entitled to take appropriate action, including but not limited to withholding supplies or terminating business dealings.
4. I/We understand and agree that the issuance and periodic replacement of cheques is a continuing obligation and forms an integral part of the business arrangement between the parties.

I / We declare that the above information provided is true to the best of my / our knowledge. I / We also agree to abide by your terms and conditions:

Signature of the Stockist with Stamp

Note: The completed form with valid documents should receive to HO on or before 25th. If received after 25th the same will be processed in the first week of next month.

Elder Laboratories LTD., 1, AJC Bose Road, 3rd Floor, Kolkata-700020 (Entrance Through Lord Sinha Road)