

APPLICATION FORMAT

MILCO (PVT) LIMITED

APPLICATION FOR A DISTRIBUTORSHIP

01. Name of the Applicant :.....
02. NIC no. of the applicant :.....
03. Name of the Business (*As per the BR/CR*) :.....
04. Address of the Distribution :.....
05. Contact Numbers :.....
06. The Nature of the Business :.....
- (Copy of Business Registration)
07. Business Registration No :.....
08. Requested/ Preferred Area :.....
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09. Expected Bank Guarantee Value (Rs.) :.....
10. Bank & Branch :.....
11. Stores Facilities :.....
- a. Address :.....

Category	Available		Can be provided	
	Qty	Capacity	Qty	Capacity
Cold Rooms				
Frozen Rooms				
Chillers				
Freezers				
Dry storage				

12. Vehicle Details

Category	Year of Registration	Available		Can be Provided	
		Qty	Capacity	Qty	Capacity
Freezer Truck					
Dry Truck					
Freezer Truck- Dual Compartment					

13. Office Facility

a. Location/ Address

b. Tel no :.....Fax Email

14. Staff

a. No of office Staff :.....

b. No of Field Staff :.....

15. Sales Experience:

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16. Other Business Activities:

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Applicant Signature

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Date