



Nas group spices Grandma

Block no 7&8 Syno 46/2 Hyderabad Road Tandur :-501141

District :- Vikarabad State :- Telangana

Customer care:+91 9505019555/+91 9502486531

Email:- Info.nasgroupspices@gmail.com/Website:-www.grandmaspicesind.com

Gst no :- 36CMVPM6069A1ZN

Fssai:- 13623035000054

Stockist/Distributor/Trader application Form

- 1) State:- _____
- 2) District:- _____
- 3) City/Town:- _____
- 4) Name of The firm &Address:-

- 5) Type of firm: - _____ Proprietorship/Partnership
- 6) Name of the prop/partners:

- 7) Mobile/Contact: _____
- 8) GSTIN NO:- _____
- 9) Firm year of Establishment: _____
- 10) Type of Manpower Total sales Force _____ Delivery Boys _____
- 11) Infrastructure: - Computer Godown Space Storage Racks
Vehicles:Auto Van Any Other
- 12) E mail Address: _____
- 13) Godown Address:-

- 14) Amount of Working Capital Willing to invest in our business _____ in lakhs
- 15) Credit Facilities From Bank: _____
- 16) Investment Source a) Own Capital _____
b) Bank Loan Details _____
- 17) I/W we also hereby certify that the information provided is true and correct and I/we attach herewith the following self attested.
 - a) Document evidencing constitution of the Firm/Company.
 - b) Profile of the company.
 - c) Gst registration-address proof of the firm

YOUR KITCHEN IS OUR MISSION |

- d) Identity proof of the owner and person signing the documents -pan card
- e) Residential proof of proprietor/partner-Aadhar card.
- f) Bank Account Details (current account)
- g) Photo shop/godown /office
- h) Security Deposit cheque no _____

Signature of the party with firm seal _____

For Head Office use only

<u>Approved</u>	<u>Not Approved</u>	<u>Keep pending</u>

Sales Executive /officer/Area Manager

RSM/GM

CEO/ Director/MD