

LICHEM PHARMACEUTICALS DEALERS INFORMATION FORM

1. NAME OF PARTY : _____
2. CORRESPONDENCE : _____
ADDRESS : _____
3. CONTACT PERSON : _____ DESIGNATION : _____
4. TEL NO. WITH STD : (OFF) _____ (M) : _____
CODE
5. DRUG LICENSE NO.: _____
6. BILLING ADDRESS : _____

7. GST. NO. : _____ PAN No. : _____
8. PREFERRED : _____
TRANSPORT
9. TERRITORY : _____
COVERAGE AREA
10. PROPOSED : _____
TURN OVER
WITH OUR
COMPANY/MONTH
11. SECURITY DEPOSIT: _____

TERMS AND CONDITIONS

- 1) PAYMENT TERMS-CASH/NEFT/RTGS.
- 2) GOODS ONCE SOLD WILL NOT BE TAKEN BACK IN ANY CASE, UNLESS THERE IS MANUFACTURING DEFECT.
- 3) IF THERE IS ANY ISSUE WITH GOODS PLEASE INFORM US IMMEDIATELY, CLAIM WILL NOT BE ENTERTAINED AFTER A WEEK OF DELIVERY.
- 4) SOFT COPY OF DRUG LICENSE, GST NO. IS MUST
- 5) PARTNER/PROPERITOR/DIRECTORS ID PROOF (DRIVING LIC./PAN CARD/ELECTION CARD)
- 6) GOODS WILL BE SUPPLIED ON TO PAY BASIS VIA DESIRED ROAD TRANSPORT.
- 7) PAYMENT HAS TO BE DEPOSITED IN BANK VIA CHEQUE OR RTGS/NEFT, IF IT IS VIA CASH THEN HAS TO BE DEPOSITED IN KOTAK /ICICIBANK ONLY

IF DEPOSITED IN ANY OTHER BANK, BANK CHARGES WILL BE DEBITED FROM YOUR A/C

BANK NAME	BANK A/C NO.	IFSC CODE
ICICI BANK	231005000246	ICIC0002310
KOTAK MAHINDRA BANK	2811563828	KKBK0000812
STATE BANK OF INDIA	31647404929	SBIN0003097
PUNJAB NATIONAL BANK	0524002100018982	PUNB0097100

NOTE : YOU ARE REQUESTED TO SEND COPIES OF DRUG LICENSE AND SALES TAX LICENSE ALONGWITH THIS FORM.

DATE : _____

PLACE: _____

SIGNATURE WITH RUBBER STAMP