



KANHA JI INTERNATIONAL

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Ref. No. :

Date: / / 2021

Super Stockist (S.S.) / Distributor Application Form

Name Of The Organization

Address Of The Organization

Name Of The Proprietor/Partners/Director

Office Address

Telephone/ Mobile OfficeE-mail

Bank A/C No: Beneficiary Name:

Bank Name IFSC Code:Bank Address:.....

Preferred Transporters:.....

Local Holidays

Agencies Currently Held:

1. 3.

2. 4.

Agencies Held In Past:

1. 2.

Other Business

Mode Of Distribution

Area Requested For Distribution

Estimated Monthly Sales Target

GST No. Of The Firm PAN No

Drug License Number PAN

Full Name Of the Signatory

Note : I/We read all the above mentioned terms & condition and fully agree with the same and give my/our consent for the same .

Name & Signature of Company Person

Name and Signature Of Applicant (SS) with Stamp