LICHEM PHARMACEUTICALS DEALERS INFORMATION FORM

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

Admin Adress:201,Sahajanand Trade Centre ,opp. Kothawala Flat, Paldi Ahmedabad 380006
Correspondence add: 503,504,505 Sahajanand Trade Centre ,opp. Kothawala Flat, Paldi Ahmedabad 380006
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