



CASCAB PRIVATE LIMITED

Corporate Office – EWS-83 Vivekananda Nagar Karond Bhopal 462038

Website: www.cascab.com, www.cascab.bussiness

Email- sales.cascab@gmail.com, help@cascab.com

CIN. - U15136MP2021PTC057077

PAN. - AAJCC6912F

APPOINTMENT APPLICATION FORM

1) Date of Proposal:											
2) Name of Firm :											
3) Nature of Firm :	Proprietorship		Partnership		Pvt. Ltd / Ltd.						
a) GSTIN / UIN NO.											
b) FSSAI NO.											
c) CIN NO. (Only for Company)											
d) PAN NO.											
e) AADHAR NO.											
f) 3 Signed Cheque (Original) of Running Account	Cheque no 01-										
	Cheque no 02-										
	Cheque no 03-										
<i>Note : Please enclose above Following Documents for our record</i>											
4) Name of Owner / Partner:					Father's Name:						
5) Category	GENERAL		OBC		SC		ST				
6) Contact Number : (Minimum 2)					Email Id:						
7) Date of Birth :					City :						
8) Distribution Facilities:											
9) Proposed Coverage area :											
10) No. of Retailers:					No. of Field Personnel Employed						
11) Appointment For :	R.D.C.		S.S.		DISTI.						
12) Margin Rate Fixed	R.D.C. [1-3%]		S.S. [4-10%]		DISTI. [6-15%]						
13) Address –											
Registered Office:											
Billing Address:											
Godown / Storage Address:											

14)	Purchase Department	Finance/Accounts Department
a) Name		
b) Contact Number		
c) Email ID		

15) Bank Details	Bank-1	Bank-2
Descriptions	Current Ac	Saving Ac
a) Name of The Bank		
b) Branch Address		
c) Account Number		
d) IFSC Code		

16) Any Other Related Firm:		
Description	Unit -1	Unit -2
Name :		
Address :		
GST No.:		

18) Party Created By:	
A) Id no.	

19) Authorized Signatories:-	
A) Name & Father's Name	
Contact No	
Address	
B) Name & Father's Name	
Contact No	
Address	

I am S/o Declare and affirm that the above details are true and correct to the best of my knowledge.

Signature :
(WITH THE SEAL OF THE FIRM)
Name:
Place :

TERMS & CONDITIONS:-

- Payment terms 100 % advance.
- We do not authorize cash/goods transactions with our field personnel & you will be solely responsible for such transactions and liabilities arising out of these.
- Storage conditions should be in compliance with the statutory requirements as well as the nature of products.
- Short expiry has to be informed at least four months in advance.
- Goods return against expiries has to comply with prevailing norms of company (C.P.L.).
- The company (C.P.L.) is authorized to appoint new/additional stockiest as per the need of the business.

I/WE AGREE TO THE ABOVE & PROMISE TO COMPLY WITH ALL THE ABOVE MENTIONED TERMS.

AUTHORIZED SIGNATORY (WITH THE SEAL OF THE FIRM)

Name –

Contact no.-

Address-

FULL FORMS :-

- **C.P.L. = CASCAB PVT. LTD.**
- **R.D.C. = REGIONAL DISTRIBUTION CENTRE (MOTHER DEPOT)**
- **S.S. = SUPER STOKIST**
- **DISTI. = DISTRIBUTOR**