



Company Details

Company Name:

Website:

E-Mail:

Address for Communication:

Contact Person

Designation

Phone / Mobile No.

Annual Sales

Number of employees

Primary Business (Manufacturer, Wholesaler, Importer, Hospital Supplier etc.)

Major Products Being Handled:

Products Required:

Area of Operation:

GST No. (copy enclosed)

DRUG LICENCE NO. (copy enclosed)

PAN No. (copy enclosed)



Documents required:

- **Request letter on Letter Head**
- **Security Cheque**
- **Balance Sheet of last 3 years**
- **List of Owner**
- **Company Profile**
- **2 Business Reference**
- **Bank Statement (last 3 month)**