



KRISTEEL - Shinwa

**KRISTEEL SHINWA INDUSTRIES LTD.LIMITED
DISTRIBUTORSHIP APPLICATION
FORM**

Kristeel-Shinwa Industries Limited

CORPORATE OFFICE: KRISLON HOUSE, SAKIVIHAR ROAD, SAKINAKA, ANDHERI (EAST),MUMBAI-400 072 INDIA
REGD. OFFICE: 615, CHURCHGATE CHAMBERS,5, NEW MARINE LINES, MUMBAI- 400 020



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SECTION A

PERSONAL INFORMATION

Name of the company /Firm / Proprietor		
Name of Partners/ Directors		
Address of Your Company / Firm/ Proprietor		
Telephone Nos.	Fax No.	Telex No.
Local Sales Tax No. & Date	Central Sales Tax No. & Date	
Residential address		
Telephone nos. (Residence)		



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SECTION B

PRESENT BUSINESS BACKGROUND

Type of Business :		
Annual Turnover :	Paid up Capital :	
Agencies held :		
Name of Associate / Sister Concerns in Similar Business, if any		
Turnover :	Agencies Held :	
If Regular Returns on your risk and investment is assured, how much stock can you hold?		
How much credit can you give to your Retailers?		
Bankers Information :		
Name & Address of your Bankers :		
Bank facilities available :		
C/C-Hypothecation	Letter of Credit	Bank Guarantee



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SECTION C

BUSINESS FACILITIES

Storage Area :		Storage Address :	
Office Area :		Office Address :	
Shop : <input type="checkbox"/>		Showroom : <input type="checkbox"/>	
No. of Distribution Outlets		No. of Working Staff	No. of Sales Personnel
Advertisement Facility :			
EXPERIENCE IN SELLING :			
Hard Tools / Hardware : Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, items :	
If no experience or infrastructure is available, then how do you propose the same?			
Areas for which Distributorship is required :			



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SECTION D

COMPETITORS INFORMATION

	Brand 1	Brand 2	Brand 3
Competitor Brand in Your Market			
No. of outlets in your territory who keep competitors brand			
Approx. Annual Turnover in your territory			
Any promotional schemes run by the competitors			



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What are your plans?

References :

Name :	Name :
Address :	Address :
Telephone Nos. :	Telephone Nos.:

The above particulars are true to the best of my knowledge. I would be very glad to meet you in person for a discussion.

Date:

Place:

(Signature)

Note :

- If the space provided in the column is insufficient, then you could add additional sheets.
- The above given information will remain with us in strict confidence.