

<b>DAXAL COSMETICS PVT.LTD. CUSTOMER REGISTRATION FORMAT</b>	
Party Name:	
Foreign Name:	
Ownership Pattern: Partnership/ Proprietorship	
Address 1	
Address 2	
Address 3	
Town	
District	
State	
PIN	
E-Mail ID	
Name of Key Person	
DOB Of Key Person	
DOM of Key Person	
Contact No. 1: Cell No.	
Contact No.2: Landline	
CST NO.	
<b>VAT NO. [TIN NO.] - If not available, copy of Applied For Certificate is Mandatory with template for consideration</b>	
VAT Type: Composite/ Normal	
PAN No.	
Weekly Closing	
Mode of Working: Credit/Advance	
<b>Credit Limit Amount [No CD Applicable Agt. Credit]</b>	
No. of Cr. Days	
No. of Cr. Bills	
Zone	
Area: [Depot Name]	
HQ	
ISR Name	
ASI Name	
ASO Name	
ASM Name	

Prepared By: \_\_\_\_\_

Checked By: \_\_\_\_\_

Approved By: \_\_\_\_\_

RSM Name	
Pop Strata [Population]	
Class of Town	
Other Agency being Handled: Company Name	
Other Agency being Handled: No. of Outlets Covered	
Other Agency being Handled: YTO [In Lacs.]	
<b>Estimated Coverage for</b>	
<b>Monthly Estimated Business of</b>	
Product Division Handling:	
<b>Category: Domestic/D2D/MT/SS/Sub St.</b>	
<b>Strong Depots: Business &gt; Rs. 30000.00 Mly - Direct Stockiest    Business &lt; Rs. 30000.00 Mly - Sub Stockiest</b>	
<b>Strong Depots: Business &gt; Rs. 30000.00 Mly - Direct Stockiest    Business &lt; Rs. 30000.00 Mly - Sub Stockiest</b>	
Specific Products/SKU Saleable in the area	
Security CQE Nos.	
Security Deposit: Amount	
Distance From Depot: KM	
Transport Name	
Banker/ Branch	
Payment Mode:DD/ CBS CQE/ PDC	
CQE/DD Deposit Place: Depot/ DB Town	
Joining Date/ Period	
<b>Earlier Name of the Party [If any] / New Town</b>	

Prepared By:\_\_\_\_\_

Checked By:\_\_\_\_\_

Approved By:\_\_\_\_\_