**SHIVAMRUT CO-OPERATIVE MILK UNION LTD. VIJAYNAGAR-AKLUJ
PEOPLE WITH AIM**

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**SUPER STOCKIST/DISTRIBUTOR RESUME**

**1. Name of Super Stockiest / Distributor:**

**--------------------------------------------------------------------**

**2. Name of the Firm:**

**---------------------------------------------------------------------
3. Firm Address:**

**------------------------------------------------------------------------------------------------------------------------------**

**------------------------------------------------------------------------------------------------------------------------------
Phone No. Mob.No.
4.Status of Firm: Proprietorship / Partnership / Public Ltd.(Tick the Approprite)
5. Office Timing:**

**------------------------------------------------------------------------------------------------------------------------------
6.Market Close on:---------------------------------------------------------------------------------------------------
7.Residential Address:
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------------------------------------------------------------------------------------------------------------------------------**Phone no:
**8.Godown Address**

**------------------------------------------------------------------------------------------------------------------------------**Phone no:
**9.Transporter & His Address:**

**------------------------------------------------------------------------------------------------------------------------------**Phone No**-----------------------**
**10.Contacting person:
1------------------------------------------------------------------------------------------------------------------------------
2------------------------------------------------------------------------------------------------------------------------------**

**SHIVAMRUT CO-OPERATIVE MILK UNION LTD. VIJAYNAGAR-AKLUJ** PEOPLE WITH AIM
**11.Distribution Arrangement:**

No. of Vehicles: 3 Wheeler: 4 Wheeler: Others:

**12. Any other Super Stockiest Ship /Agencies:**

**13. Present Area Covered:**

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**14.Present Area Covered:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No | Name of Company | Products Handled | Area Covered for this Co. | Agency Since Which Year | Turn Over for this Co. P.A. |
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**15. Outlets - Area** : 1. Kirana Stores:

 2. General and Provision Stores:

 3. Sweet Mart:

 4. Dairy:

 5. Bakery:

**16. Salesman:**

**17: Bankers Name & Address**:

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**18. Deposit**:

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**19.License**: VAT NO. PAN NO:

 LBT NO: FOOD LIC NO :

 SHOP Act No

**20. Cinema Theatres in Area**:

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**21. Newspaper in Area:**

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**SHIVAMRUT CO-OPERATIVE MILK UNION LTD. VIJAYNAGAR-AKLUJ** PEOPLE WITH AIM
**22. % of Octroi & LBT in Your Area:**

**------------------------------------------------------------------------------------------------------------------------------**

**23. Credit Period For supply to Shops for Products Handled By You:**

**24. Execution of Booking / Ready Stock: How much Time:**

**25. Do you Have Wholesalers Working under you? (Yes/No)**

If Yes, for which products:

**------------------------------------------------------------------------------------------------------------------------------**

How Many (Number)

**------------------------------------------------------------------------------------------------------------------------------**

In Which Area

**------------------------------------------------------------------------------------------------------------------------------**

**26. Beside Authorized Agencies Mentioned Above,**

Are You Wholesaling Other Products? (Yes/No)

If Yes, Which Products:

**------------------------------------------------------------------------------------------------------------------------------** Which Area

**------------------------------------------------------------------------------------------------------------------------------**Allotment of Area:

**------------------------------------------------------------------------------------------------------------------------------**

Introduced By: **---------------------------------------------------------------------------------------------------------**

(A.S.M./T.S.I./S.E.) Distributor /S.S.Sign & Seal

Authorized Signatory

Remarks

|  |
| --- |
| **SHIVAMRUT CO-OPERATIVE MILK UNION LTD. VIJAYNAGAR-AKLUJ**MONTHLY EXPENSES STATEMENT**NAME: MONTH:****DESIGNATION: H.Q. :** |
| **PART:1****A) TOTAL WORKING DAYS:****B) TOTAL WORKED DAYS:****C) NON FILLED WORK DAYS: DATE:****D) LEAVE AVAILED: DATE:** |
| **PART:2****A) TOTAL DAILY ALLOWANCE:****B) TOTAL TRAVELLING EXPENSES:****C) TOTAL TELEPHONE EXPENSES:** **D) LEAVE AVAILED:**  |
| **PART:3****NAME OF MANAGER: H.Q. :****A) AMOUNT CLAIMED:****B) AMOUNT DEDUCTED: REASON:****C) AMOUNT WITHHELD: REASON:****AMOUNT CLEARED:** **NO OF STOCKIST:****TOTAL SECONDRY FOR MONTH:****TOTAL PRIMARY FOR MONTH:****SALES V/S EXPENSE RATIO:**  |
| **PART:4 (FOR OFFICE USE ONLY)****DD/CHEQUE NO: PAYBLE AT: BANK:****DATE: SENT THROUGH:****ACCOUNTS**  |
| **SHIVAMRUT CO-OPERATIVE MILK UNION LTD. VIJAYNAGAR-AKLUJ****MONTHLY EXPENCES STATEMENT****NAME: MONTH:****DESIGNATION: H.Q. :** |
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| **ATE** | **STOCKIEST** | **ROUTE** | **TC** | **PC** | **AMOUNT** |
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 **SIGN S.R. SIGN.MAN** |