**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:**

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**------------------------------------------------------------------------------------------------------------------------------  
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. :** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | **ATE** | **STOCKIEST** | **ROUTE** | **TC** | **PC** | **AMOUNT** | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  | | 9 |  |  |  |  |  | | 10 |  |  |  |  |  | | 11 |  |  |  |  |  | | 12 |  |  |  |  |  | | 13 |  |  |  |  |  | | 14 |  |  |  |  |  | | 15 |  |  |  |  |  | | 16 |  |  |  |  |  | | 17 |  |  |  |  |  | | 18 |  |  |  |  |  | | 19 |  |  |  |  |  | | 20 |  |  |  |  |  | | 21 |  |  |  |  |  | | 22 |  |  |  |  |  | | 23 |  |  |  |  |  | | 24 |  |  |  |  |  |         **SIGN S.R. SIGN.MAN** |