

Customer profile Form

Your Photograph

- (1) Name of firm :
- (2) Address :
- (3) City: PIN: District: state:
- (4) Phone No. :{O} (.....) {R} (.....)
- (5) Mobile No. :{1} {2}
- (6) E-mail Id. :{1} {2}
- (7)Name of Partners & Residence Address : -
- [a] Name :
- Address :
- City: PIN: District: state:
- [b] Name :
- Address :
- City: PIN: District: state:
- [c] Name :
- Address :
- City: PIN: District: state:
- (8) (a) Cotact Person Name :
- (b) Designation :
- (c) Career Summary :
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-
-
- (9) Drug License No. :{1} {2}
- (10) Tin No. S.T: C.S.T.
- (11) PAN No. :
- (12) Bank Name :
- Bank Address :
- City: PIN: District: state:

(13) Products Interests :

(14) Area Of Operation:

(15) Expectation Of Business:

1	First Three Months	Rs.
2	After Three Months	Rs.
3	After One Year	Rs.

(16) Working System : (a) Self

YES		NO	
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(b) Professional Medical Sales Representative No.:

(17) Your tentative investment for business:

(18) Dealing of other Company If Any :

(19) 'C' form & Road Permit Available:

(20) Signature With Firm Stamp :

Place & Date:

(Please fill up above profile form. And return to us as soon as fast.)
 (This form is use only for Sentonssa Wellness Pvt. Ltd.)