

8)

a) Services:

- 1) 2)..... 3).....
 4) 5)..... 6).....

b) If Distributors of Any Agriculture Related (Please attach copies of appointment letters in case of distributorship):

- 1) 2)..... 3).....
 4) 5)..... 6).....

9) Number Village outlets covered : Zone _____

10) Infrastructure facilities

- a) No. of Partners/ Directors actively Looking after the business : _____
 b) No. of Sales representatives : _____
 c) Vehicles used for distribution :

e) Number of shops and Address and :

Address	Tel. No.	Area (Sq. Ft.)	Insurance Valid Upto

11) Franchisee Amount Deposited _____

a) Mode of Payment Cash ____ Online ____ Cheque ____ DD ____

I, _____ S/o _____ declare and affirm that the above details are true and correct to the best of my knowledge.

Place : _____

_____ Signature

Date: _____

_____ Name