

LIC NO ; AD/044/AYU
SINCE: 1999



Sai Products

Manufacturing of Ayurvedic Products



9890797433
7744800695
info@saiayurvedicproducts.com
Plot No. 81/82, Gut No. 82,
Sai Nagar, Mitmita, Aurangabad.

Ref. No.:

Date :

Name of Company

SAI PRODUCTS

Registered office and factory address

Plot No. 81/82, Gut No. 82,
Sai Nagar, Mitmita
Aurangabad - 431002

Key person

Sameer S. Gauri (Managing Director)

Contact person

Mr. Sameer S Gauri

Telephone number

9890797433

7744800695

E-mail Address

info@saiayurvedicproducts.com

Manufacturing product

Ayurvedic Medicine

Brands

Above 143 Products

Year of Establishment

1999

Annual Turnover

1.50 Cr

Working shift

TWO SHIFT

Remarks

Factor is tuned with trained and
experiences staff in production,
Maintenance and Quality control

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Date:

STOCKIEST APPOINTMENT FORM

1. Name of the Stockiest Firm _____
2. Complete Mailing Address _____
City _____ District _____ State _____
Pin Code No. _____ S.T.D. Code No. _____ Phone No. (off) _____
Phone No. (Resi) _____ Mobile No. _____ E-mail _____
3. GST No. _____ w.e.f. _____
4. D.L. No. : 20 B _____ 21B _____
5. Constitution : proprietary / partnership Firm _____
No. of partners _____ Name of proprietor / partners _____
Son of Shri _____
Total No. of working partners in wholesale business _____
Year of starting wholesale business _____
Age of main working proprietor _____
Name & Age of Sons / Brothers or working partners in the Firm

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Qualification & work experience of partners / proprietor

Name _____ Qualification _____ Experience _____

Name _____ Qualification _____ Experience _____

Companies dealing with

S. No.	Name of Company Dealing since	Last year sales value	Name of C & F Depot	Phone no. with STD Code of C&F/Depot	Paymen system cash/credit with no. of days (6)
1					
2					
3					
4					
5					
6					

No. of Salesman going for booking _____

Supply Arrangements (Conveyance, Vehicle & Units for Supply _____

No. of counters / shops to whom you are supplying goods _____

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18. Areas / Territory / Interior markets covered :

Sr. No.	Town / interior	Distance from Stockist town (3)	Chemist & Dispensing Doctors		Mode of Coverage (6)
			Available (4)	Covered (5)	

19. Annual Sales turn over:

20.1 2006-2007 _____

20.2 2007-2008 _____

20.3 This year expected (year 2007-2008) _____

21. Any other business / Source of income _____

Storage facility : Area of Godown in Sq.ft. _____

Whether godown is rental or own _____

Area of shop in sq.ft _____

Whether shop is rental or own _____

22. Expected sales of our company: _____

23. Approximate investment proposed in our company _____

Name of Transport _____

Phone No. of Transport _____

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24. Why you are interested in stockistship of the company_____

Please Enclose :

Signature with date & stamp of Stockiest