



## Delwis Healthcare Pvt Ltd

(An Iso 9001:2008 certified co.)  
Shed No.6,7&8, Kushal ind. Park,  
Inside Saket Estate, Vill. Moraiya,  
Dist. Ahmedabad-382213 Ph: +91-2717-297482  
Email : info@delwishealthcare.com

### Distributor Enrollment Form

1	Name of Firm	
2	Type of firm (Proprietor/Partnership/Pvt Ltd)	
3	Name of Proprietor / Directors/ Partners	
4	Aadhar card no. of Proprietor/Partners	
5	Wholesale Drug License No.	
6	DL Ownership (Self/ Stockist)	
7	Contact No. of DL Owner	
8	VAT Tin No.	
9	CST Tin No.	
10	GST NO.	
11	Office (Correspondence) Address	
12	Residence Address	
13	Mobile no. (For Calls and SMS)	
14	Whatsapp No.	
15	Landline No.	
16	Email ID	
17	Working Areas / Districts	
18	Proposed Purchase from Company Monthly	Rs.
19	Bank Account Details	
20	Secutiry Cheque Details (against C-form)	

Attach Photocopies of Below mentioned Documents Compulsorily :

1. Drug License
2. TIN Nos. Copies
3. Aadhar Card (Proprietor, Partners)
4. Partnership Deed fro Partnership Firm only.
5. Certificate of Incorporation for Pvt Ltd. Co. only.
6. Security Cheques (Originals)
7. Pan Card Copy

**Authorised Signatory**

**Sign & Stamp**