Reg. Office: Pcf. Scheme ViM(S) C: 1T, Kolkata - 700 054 Ph. (033)2364.8812 / +91-943600asis/mgiton.in Application for Dealership Registration Name of the Applicant : i Fax No. : Address : Email inic@0asis/mgiton.in / sales@0asis/mgiton.in Address : Email GST No. : PAN No. : Status :Proprietorship/Partnership/Company : . Name of contact person & Mobile No : : Status of marketing field staff employed : . Name of contact person & Mobile No : . Name of contact person & Mobile No : . Name of contact person & Mobile No : . Name of contact person & Mobile No : . Name of contact person & Mobile No : . Name of contact person & Mobile No : . Name of Contact person & Mobile No : . Name (Address and Telephone No of Proprietor/Partners/Directors . Name (Address and Telephone No O. A. . Note: Incase of Partnership and Company please enclose Partnership Deed/M. O. A. . Name of Company Product Area Annual Turnover	O a	sis Irriaa	tion Fauin	ment Co I imited			
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