



MARTYN NIKK PHARMA PRIVATE LIMITED

Customer profile

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)Contact 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:.....



MARTYN NIKK PHARMA PRIVATE LIMITED

(13) Products Interests :

(14) Area Of Operation:

(15) Expectation Of Business:

1	First Three Months	<i>Rs.</i>
2	After Three Months	<i>Rs.</i>
3	After One Year	<i>Rs.</i>

(16) Working System : (a) Self

<i>YES</i>		<i>NO</i>	
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(b) Professional Medical Sales Representative No.:

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(17) Your tentative investment for business:

<i>RS.</i>

(18) Dealing of other Company If Any :

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

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(20) Signature With Firm Stamp :

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Place & Date:

(Please fill up above profile form. And return to us as soon as fast.)
(This form is use only for Green Cross Remedies.)