SENTONSSA WELLNESS PVT. LTD.

Customer profile Form

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)Cotact Person Name : _

(b)Designation : _

(c)Career Summary : _

_ _

_ _

_ _

(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:** _ _ _ _ _ _ _ _

SENTONSSA WELLNESS PVT. LTD.

(13) Products Interests :

(14) Area Of Operation:

(15) Expectation Of Business:

1	First Three Months	*Rs.*
2	After Three Months	*Rs.*
3	After One Year	*Rs.*

(16) Working System : (a) Self

YES		*NO*	

(b) Professional Medical Sales Representative No.:

(17) Your tentative investment for business: *RS.*

(18) Dealing of other Company If Any :

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

(20) Signature With Firm Stamp :

Place & Date:

(Please fill up above profile form. And return to us as soon as fast.)
(This form is use only for Sentonssa Wellness Pvt. Ltd.)

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