



Taj group of companies

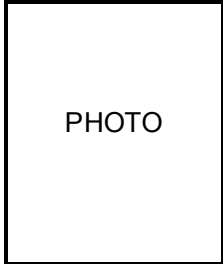
# TAJ PHARMACEUTICALS LTD.

Regd. Office - 434, Laxmi Plaza, Laxmi Industrial Estate,  
New Link Road, Andheri (W), Mumbai - 400 053.  
P.H. : 91-22-2637 4592, 91-22-2637 4593, FAX: 022-2634 1274.

Web Site : www.tajpharmaceuticals.com  
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tajpharmaceuticals@rediffmail.com

## APPLICATION FORM

### C & F AGENT



1. Name of Establishment : .....

2. Full Address : .....

.....  
.....

Father's Name/Husband's Name : .....

Date of Birth : .....

Permanent Address : .....

.....  
.....

Is there any B. Pharma / M. Pharma / Doctor etc. in your family ? Yes  No

If 'Yes' Please Provide Details :

.....  
.....  
.....

Educational Qualification : .....

Phone No. : (O) ..... (R) .....

Fax No. : .....

E-mail : .....

Website : .....

3. Date of Establishment : .....

4. Constitution of the firm : Prop. / Partnership / Pvt. Ltd. / Public Ltd.

Prop.

Partnership

Pvt. Ltd.

Public Ltd.

5. Name of Prop. / Partner / Director : .....

.....

D.L. No. : ..... S.T. No. : .....

C.S.T. No. : ..... PAN : .....

- 6. Details of Staff :
  - i) Sales Staff : .....
  - ii) Office Staff : .....
- 7. Mode of Delivery : .....
- 8. Products presently dealt : 1) ..... 2) ..... 3).....
- 9. Yearly turnover : .....
- 10. No. of outlets in your area: .....
- 11. Area preferred for operation : .....
- 12. Name and Address of your Bankers : .....
- 13. Name of Your Transporters (Bank Approved) : .....

Is anyone in your family involved in Pharmaceutical Buisness ?  Yes  No

a) If 'Yes' please Provide Details .....

**Family Details :**

- i) Name of Son/s : .....
- ii) Name of the Daughter/s : .....
- iii) Name of the Brother/s : .....

b) Person to be contacted in your absence :

Name : .....

Address : .....

Tel.No. : .....

Post : .....

Father's/Husband's Name : .....

Relation with the Applicant : .....

**(Signature of the Other Recommended Person)**

- 14. Suggestions, if any : .....
- .....
- .....

**Place :** ..... **Name :** .....

**Date :** .....

**Seal**

**(Signature of C & F Agent)**

## **TERMS & CONDITIONS FOR C & F AGENT**

### **CRITERIA FOR SELECTION OF C & F AGENTS**

1. Adequate / Proper storage Godown Minimum 1500 to 2000 Sq.ft.
2. Good market reputation in terms of service management.
3. The Godown should be bacteria free & adequate for the storage of Pharmaceutical Products, as per the guidelines of the Company.
4. Proper Delivery Arrangements.
5. Good financial status: Should be able to invest **Rs. 50,00,000/- to Rs. 1,50,00000/-** Security Deposit.
6. Should have all requisite infrastructures in the areas of administration and supply.

### **FUNCTION OF A C & F AGENT**

1. Should place order with the Company 30 days in advance.
2. Should assist the company in marketing support activities.
3. Should maintain proper sales records.
4. Should oversee the activities of the company staff & inform on abnormalities, if any.
5. Should provide proper feed back for the marketing activities in his territory.

## **OTHER TERMS & CONDITIONS**

1. Goods will be supplied on FOR destination Basis.
2. C & F Agent has to deposit a sum of **Rs. 50,00,000/- to Rs. 1,50,00,000/-** for area reservation which shall be refundable within 90 days of termination of agreement.
3. The products include **all types of medicines including Allopathic, Herbals, Ayurvedic, Diabetics Care Products, Insulin, Growth Hormones, Food, Nutraceuticals, Life Saving Drugs, etc. We also offer complete range of medicines for regular health & Personal Care, Body Care & Skin Care.**
4. Company will provide sales support and also incentive schemes from time to time.
5. Replacement against manufacturers' defects and date-expired goods.
6. Tax elements to be handled by the C & F Agents / Distributors, as per rules.
7. Publicity materials like Posters, Brochures, Pamphlets and Stickers will be supplied.
8. The Prices are subject to change without notice.
9. All disputes are subject to Mumbai Jurisdiction only / arbitration clause will also apply.

**(Signature of C & F Agent)**