



THE BALLABGARH COOP. MILK PRODUCERS' UNION LTD.
MILK PLANT, BALLABGARH (FARIDABAD)

(AN ISO : 9001: 2015 & ISO:22000:2005 Certified Unit)

Phone No. 0129-2242376, 2244494, Fax, 2213899 E-mail: vitabl@gmail.com

Cost of form : Rs.100/-

Processing charges : Rs. 400/-

Received Rs.500/-

Ref.No.MPF/Mktg./Application Form / 2021/

Dated:

Sub: Application for Distributorship of Vita Milk & Milk Products.

S.No.	Particulars	To be filled in by applicant
1.	Distributorship of	Vita Milk/ Vita Milk & Milk Products
2.	Area of operation Applied for	
3.	Name of the party (in capital letters).	
4.	Type of Organization	Proprietary / Partnership / Limited Company.
5	Organisation PAN No	
6	GST No.	
7	Whether Licence from shop & Establishment has been obtained	
8	Name of the Proprietors / Partners Or Promoters of the company with Aadhar No. & Pan No.	
9	Complete correspondence Address (in capital letters)	City..... Pin.....
10.	Complete Permanent Address (in capital letters)	City..... Pin.....
11.	Telephone Nos. (with code)	Office: Resi.: Mobile: Fax:
12.	Email Address, if any.	
13.	Present business & facilities Available	
14.	Nos. of persons already Employed.	
15.	Name & address of Bankers.	

Sr.No.	Particulars	To be filled in by applicant.
16.	Capital Structure: a) Fixed Capital b) Land & building c) Other working Capital. d) Transport facilities.	
17.	Is the organization Income Tax payee? If yes, Pl. attach the acknowledgement of last 3 years return,.	Yes / No. PAN :
16.	Expected sale in one month (Ist Qtr – One year) and Annual growth in %	Quantity : Value : Growth(%):
17.	Do you have any blood Relation (as defined in Company Act) working in the Milk Unions or HDDCF, If yes, relative's name, relationship & place of posting.	
18.	Are you holding Milk Agency of any other brand? If yes, give details.	
19.	Any other information which you may like to give.	

I / We declare that the information given above is authentic to the best of my / our knowledge & belief.

Place:

(Signature of application)

Date:

Address

INSTRUCTIONS & ENCLOSURES

1. The application form should be filled by the applicant in his own handwriting or type the detail. The application should be submitted to the CEO of Milk Union, Ballabgarh.
 2. Application form should be submit alongwith a bank draft of Rs. 75000/- (Rs. Seventy `Five Thousand only) favouring “THE BALLABGARH COOPERATIVE MILK PRODUCERS UNION LTD., MILK PLANT, BALLABGARH” payable at Ballabgarh / Faridabad as a security of Distributorship.
 3. Following enclosures should be attached, Tick () the relevant:-
 - a) Copy of deed of the firm or memorandum & articles of association, whichever is applicable;
 - b) Attested copy of the latest Income Tax Clearance Certificate (if applicable);
 - c) Copy of PAN Number;
 - d) Power of Attorney signing the documents on behalf of the firm with a certificate that the same has not been revoked;
 - e) Affidavit as per specimen given: below and it should be on Rs.10/- Non Judicial Stamp Paper duly attested by Public Notary.
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SPECIMEN OF AFFIDAVIT

I, _____ son / daughter of Shri _____
resident of _____ hereby solemnly affirm and state as under:-

1. That the deponent has applied to ‘The Ballabgarh Cooperative Milk Producers Union Ltd., Milk Plant, Ballabgarh for granting the Distributorship of Milk & Milk Products manufactured by the said Milk Union / Milk Plant for the areas of (name of town / city) on the terms & conditions as laid down by the said Milk Union / Milk Plant, Ballabgarh;
2. That the deponent hereby declares that none of his / her blood relations, is an employee of the Haryana Dairy Development Cooperative Federation Ltd., as well as any of the Milk Producers Cooperative Union ltd;
3. That the deponent further declares that he is not related to any of the Directors or any person placed in the Management of the Federation or of the Milk Unions;
4. That the deponent further undertakes to disclose to Federation / Milk Union / Milk Plant, Ballabgarh, in case any relative of the deponent gets employment in the Federation or in the Milk Union or any relationship is created with any of the Directors or any of the persons connected with the Management of the Federation or the Milk Union in future and shall have no objection if his distributorship is cancelled on such basis or if the aforesaid information is found to be false.

Place:
Date:

DEPONENT
(with complete address).

VERIFICATION:-

Verified that the contents of Paragraph 1 to 4 of my above affidavit, are true & correct to the best of my knowledge. No part of it is false and nothing material has been concealed therein.

DEPOENT