

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: TM

[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:

Electronic Contacts:

Telephone: +91-9427477176

Email: info@greencrossindia.com

greencrossremedies_2003@yahoo.co.in

Website: www.greencrossindia.com

Adm. Office:

"Green Cross", DAWA FACTORY,

S.No. 206 P1, Sidhpur-Patan Road,

At Kanesara, Ta: Sidhpur-384151

Dist: Patan | Gujarat | India



AN ISO 9001:2008 CERTIFIED COMPANY
Accreditation Institute for Assessment Body (Europe)



(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
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(b) Professional Medical Sales Representative No.:

(17) Your tentative investment for business:

(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 Green Cross Remedies.)

Electronic Contacts:

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greencrossremedies_2003@yahoo.co.in
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