

**CONFIRMATION LETTER FROM THE PARTY AGREEING TO TERMS FOR
APPOINTMENT AS DISTRIBUTOR ON FRANCHISEE**

To,
Dorphyll Healthcare,
Bengaluru – 560019

Dear Sir,

We have read all terms and conditions for our appointment, as your Distributor on Franchisee, and we agree with the same. We want to operate for the district of _____ and we undertake to reach the sale of Rs.30,000/-PM per district for the first year. The required information about us is given as under:

1.Name of the firm: _____

2.Main Functional Person: _____

3. Full Address(with district, state, pin code)

PH.NO /Mobile No. _____

4. Drug Wholesale License Nos.: _____

5. GST Regn. No. : _____

6. Present Area of Operation: _____

Particulars of existing Distributorship (D) and Propagandist –Cum-Distributorship (PCD)

| Sr. No | Name of the Company | Area Covered | Monthly Sales |
|--------|---------------------|--------------|---------------|
| | | | |
| | | | |
| | | | |

7. Name & Address of BANKER (With pin code): _____

8. Preferred Transporter: 1. _____

2. _____

Booked at: _____

9. Constitution of the Firm Proprietary/Partnership/Private Ltd. Co.:

10. Name & Residential Address of Proprietor /Partner/Directors:

1. _____

Ph/Mob. No: _____

2. _____

Ph/Mob. No: _____

Place:

Date:

Rubber Stamp of Firm & Signature
Of the Authorized Person.

P.S: Please enclose Xerox copies of Drug Licenses & GST Reg. Certificate