



**(For Office Use Only)**

Channel Partnership Name / Channel Partner Code	
Location / State	
Date of Appointment	

**To**

The Regional Office  
Malhotra Distributors Private Limited

**Subject:** Application for Appointment as Channel Partner

Dear Sir/Madam,

I/We hereby express our keen interest in being appointed as an authorized Channel Partner of Malhotra Distributors Private Limited. Having reviewed and understood the eligibility criteria and business expectations laid down by your esteemed organization, I/We confirm our acceptance of the same and undertake the following:

1. **Sales Commitment:** I/We commit to achieving the minimum monthly sales targets as mutually agreed upon with Malhotra Distributors Private Limited.
2. **Adherence to Commercial Policy:** I/We agree to strictly comply with the terms, conditions, and guidelines of the 'Commercial Policy' issued by Malhotra Distributors Private Limited, and any amendments thereto from time to time.
3. **Focus on Target Segments:** I/We undertake to proactively promote and develop business in the specified market segments or territories as directed by your company.

We are confident that our market experience and business ethics will contribute positively to the growth and reach of Malhotra Distributors Private Limited's product portfolio. We look forward to your favourable consideration and formal confirmation of our appointment as your Channel Partner.

Yours faithfully,

**Name of the Applicant / Firm:**

(Signature with Stamp)

Date:

Place:





## Channel Partner Introduction Card

### 1. General Information

Name of Channel Partner	
Year of Establishment	
Name of Key person to be Contacted	
Correspondence Address (Billing address)	
Dispatch Address	
Phone Number	
Email address	
PAN Number	
GST Number	

### 2. Premises:

	Location	Size(Sq.ft)	Owned/Rented
Shop			
Godown			

### 3. In case of any sister concern:

Name of the Firm	Size (sq.ft)	Nature of Business	Companies Dealing with

### 4. Business Constitution: Proprietorship/ Partnership/ HUF/ Public Ltd. / Private Ltd. (Attach supporting, e.g partnership deed)

Owners/Partners / Directors	Relationship	Age (yrs.)	D.O.B

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**5. Number of sub dealers:**

Location	Names of sub dealers	Approx. Turnover p.a.

**6. Expected Share of Wallet**

	Consumables	Machinery
% Share of wallet		

**7. Banker's Information:**

	Name of Bank, Branch	Account No.	CC Limit (Rs./ Lacs)
1			
2			
3			
	Name of Bank, Branch	Description of any other banking facilities (OD Limits, Channel Financing etc.)	
1			
2			

**8. Firm/Company's Financial Position:**

(Rs. / Lacs)

Business Turnover last 3 year:	
Annual Signed Sales Target with MDPL:	
Average Value of Stocks in hand:	
Any Other Information:	



Total number of Person employed :	
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**9. History:**

Was he a Malhotra Distributors Private Limited Channel Partner earlier:      Yes      No  
If yes, when and Name of the firm: \_\_\_\_\_  
why dealing stopped: \_\_\_\_\_

**10. Total No of Clients you are supplying in town:**

Name of Client	Products Supplied	Value

**11. Town Potential:**

	Value p.a.
Consumables	
Machines	
TOTAL	

**12. Reason for offering Channel Partnership:**

\_\_\_\_\_  
\_\_\_\_\_

Validated by RSM

Approved by  
**NSM**

Signature  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_



## List of documents mandatory & enclosed for Channel Partnership.

#	Supporting Document/Information	Need to Collect
1	Passport Size Photo	Mandatory
2	2 Blank, Signed, undated Cheque for Security	Mandatory
3	PAN Card Copy (Both Sides)	Mandatory
4	Deed of Partnership (In case of Partnership)	Mandatory
5.	Memorandum of Association (In case of Company)	Mandatory
6	GST Registration Certificate with Address	Mandatory
7	The last 6 months of bank statements	Need based
8	Latest Audited Balance Sheet	Need Based
9	Available Banking Facilities with Channel Partner	Need Based
10	Accounts Payable Aging (60-90, 90-120, 120-180, > 180 days)	Need Based
11	Bank Guarantee (2 Months Sale)	Need Based

**Note-** All document must be self-attested & stamped by Proprietor/Partner/Director. All pages of Channel Partner Agreement form needs to be signed & stamped by Proprietor/Partner/Director