

G.RAMANATHAN B.Sc., B.L., MBA
MARKETING MANAGER

C. No / MKG/2010

10.11.2010

Dear Customer,

Sub: Product enquiry for laboob sagheer, herbal rejuvenator

Thank you for contacting us.

Kindly send your particulars in the proforma enclosed, to consider your dealership request.

Yours faithfully,

MARKETING MANAGER

Encl: One

TAMPCOL

**TAMILNADU MEDICINAL PLANT FARMS & HERBAL MEDICINE CORPORATION
LIMITED, ARUMBAKKAM, CHENNAI – 600 106.**

Tel & Fax - 044 26220477, 26216696, Mobile : 87544 56032

Email: customerservice@tampcol.in Web: www.tampcol.in

FORM FOR DISTRIBUTORSHIP OF TAMPCOL PRODUCTS

1. Name of the Organization :
2. Name of the Applicant / Designation :
3. Full Postal Address with Pincode :
Telephone / Fax Number / E-mail
4. Type of the Organization :
(Partnership / Proprietary)
5. Registration No. :
(TNGST, CST, etc)
6. No. of Years in Distribution Field :

7. Details of Products Dealt with :

| S. No | Name of the Brand | DD/MM/YY of Commencement of Distribution | Market areas covered | Approx. Sales turnover per month | Approx. Investment for the Brand |
|-------|-------------------|--|----------------------|----------------------------------|----------------------------------|
| | | | | | |
| | | | Total | | |

- 3
8. Annual Sales Turnover of all products (Rs.) :
9. Name & address of Bankers :
10. Distribution facilities
- (a) No. of Salesmen :
- (b) No. of Delivery boys/ Collection agents :
- (c) Other employees :
11. Details of Vehicles available for Distribution (Eg. Vans / Tricycles) :
12. No. of latest products added for distribution in last one year :
13. Name of the competitive products Distributed if any :
14. Willingness to refrain from Distributing the Competitors Products:
15. Proposed Investment for TAMPCOL's PRODUCTS :
16. Market areas (Name of Town, District) Now applied for :
17. Any other information :

Declaration

The particulars given herein above are true and correct to the best of my / our knowledge and belief. I / We undertake to intimate to you without delay the detail of any Change / Alteration, in case any change / alteration is contemplated, herein above.

Signature:

Date :

Seal:

TAMPCOL

Tamilnadu Medicinal Plant Farms and Herbal Medicine Corporation Ltd.
(A GOVERNMENT OF TAMILNADU UNDERTAKING)
Anna Hospital Campus, Arumbakkam, Chennai – 600 106. ,
Tel & Fax - 044 26220477, 26216696, Mobile : 87544 56032
Email: customerservice@tampcol.in Web: www.tampcol.in

DISTRIBUTORSHIP POLICY OF TAMPCOL

The prospective distributors may note the following features of TAMPCOL distributorship policy.

- 1) The applicant should be a registered dealer under Sales-Tax or CST Acts.
- 2) Should have business premises and infrastructure facilities such as Telephone, Storage space, Sales Personnel, delivery vehicles etc.
- 3) Should be financially sound and should be willing to invest at least an estimated sales value of 2 months turn-over.
- 4) Should be willing to cover a particular geographical area and should not sell our products outside the area allotted.
- 5) Should be able to make payment by D.D. in advance and sell the products as per the price list of the TAMPCOL.
- 6) Despatches will be done the same day, Freight paid and LR will be couriered.
- 7) Should not sell competitor's products during the currency of the agency of TAMPCOL.
- 8) TAMPCOL adopts uniform price policy for all its products for all the distributors irrespective of the area of operation.

MARKETING MANAGER, TAMPCOL