

APPLICATION FORM FOR APPOINTMENT OF NEW SUB-DISTRIBUTOR

| | | |
|---|-------------------------------------|--------------------------------------|
| 1. | Name of the Firm | |
| 2. | Name of the Applicant | |
| 3. | Mobile No. | |
| 4. | Email ID | |
| 5. | Present Address for Communication | |
| 6. | Permanent Address for Communication | |
| 7. | Name of the Companies Dealing With | |
| 8. | Existing Area of Operation | |
| 9. | Name of District | |
| 10. | Monthly Turnover (in Rs.) | |
| 11. | No. of Years of Operation | |
| <p>Send the filled application to : OM OIL & FLOUR MILLS LTD. Type-II, No.-8, Industrial Estate P.O. : Madhupatna, Cuttack - 753 010 Mobile : 8114374721 E-mail : enquiry@ruchifoodline.in</p> | | <p>Signature of Applicant</p> |

