

## Customer profile

Your Photograph

(1) Name of firm :(2) Address :				
(2) Address : _				
(3) City:	PIN :	District :	state :	
(4) Phone No.	: {0} (		)	
(5) Mobile No	: {1}	{2}	1.50	
(6) E-mail Id.	: {1}			
(7)Name of Part	tners & Residence	Address: -		
Address :			<u>A</u>	
City:	PIN:	District:	state:	
-			state:	
			atata	
City:	PIN:	District:	state:	
(8) (a) Cotact Po	erson Name :		<i></i>	
			-c15	
		C.S.T.		
		District:		





(13) Products Interests :			
	THE Product		
(14) Area Of Operation:			
(15) Expectation Of Business:			
1 First Three Months Rs.			
2 After Three Months Rs.			
3 After One Year Rs.	AVEVIA		
	I C Y CAIN		
(16) Working System : (a) Self YES NO			
/			
(b) Professiona	l Medical Sales Representative No.:		
(17) Your tentative investment for bu	siness: RS.		
(18) Dealing of other Company If Any			
	_8_		
(19) 'C' form & Road Permit Availab	ole:		
(20) Signature With Firm Stamp :			
	Ality Products		
	131 AG F1		
	"IV Products		

(Please fill up above profile form. And return to us as soon as fast.) (This form is use only for Innovexia Life Sciences Pvt Ltd.)