

# Distributor Enrollment Form



**IKALL™**

Date: \_\_\_\_\_

Distributor's Company Name

No. of Years in Business

M/s

Distributor's Name

## History

S.no	Other Distribution	Area Covered	Since	Turnover	Manpower Allotted	H/S Retailer Universe	Retailer Covered

## Proposal

Area Allotted for Distribution

First Billing Date

First Billing Amount

Initial Investment

No of Manpower to be Allotted

\_\_\_\_/\_\_\_\_/\_\_\_\_

₹ \_\_\_\_\_

₹ \_\_\_\_\_

\_\_\_\_\_

## Hardware / Software Mandatory Requirements

Computer / Laptop  
(i3 & above, min 3GB RAM)

Internet Speed 4Mbps

Barcode Scanner

Printer

Address

\_\_\_\_\_

City / Town

\_\_\_\_\_

Pin Code

\_\_\_\_\_

State

\_\_\_\_\_

Contact no.

\_\_\_\_\_

Email ID

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

C&F / SD Mapping

\_\_\_\_\_

GSTIN No

\_\_\_\_\_

Distributor's Sign & Stamp

\_\_\_\_\_

ASM / TSM Name & Contact No.

\_\_\_\_\_

**IKALL**

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