

THOMAS SEA FOODS



Distributor Application Form

Please kindly fill out the below two pages and send it to thomasseafoods@gmail.com when completed. Thank you.

Address Mobile (country code + area code + mobile number) E-mail address Educational Qualification Business name Business location (city and country) Contact person Mobile (country code + area code + mobile number) Position with Business E-mail address	Name	
Mobile (country code + area code + mobile number) E-mail address Educational Qualification Business name Business location (city and country) Contact person Mobile (country code + area code + mobile number) Position with Business		
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Contact person Mobile (country code + area code + mobile number) Position with Business		
Mobile (country code + area code + mobile number) Position with Business	(City and country)	
(country code + area code + mobile number) Position with Business	Contact person	
Position with Business	Mobile	
	(country code + area code + mobile number)	
E-mail address	Position with Business	
E-mail address		
	E-mail address	

	☐ Proprietorship
	☐ Agency
	☐ Partnership
	☐ PVT LTD
	Others, please specify
Company type	(ATTACH COMPANY DOCUMENTS)
Telephone/ Mobile	
(country code + area code + phone number)	
Website	
	Business Information
1. Business established date	
2. Capital amount	
3. What types of products do	
you currently sell?	
4. Which of our products are	
you interested in selling?	
5. Why do you choose UMAMI products?	
6. How do you plan to market our products?	
7. How do you wish to have	
UMAMI assist you in	
promoting the UMAMI brand	
locally?	

1. Date of Proposal:		
2. Name of the Party:		
4. Name of the Proprietor / Partner / Director Mobile No.:		
5. Address of Business (Pin code is must):		
7. Address of Warehouse: (If Separate from office)		
8. TNGST No. (Kindly attach certificate copy):		
9. PAN No. (Kindly attach Certificate Copy):		
10. Year of establishment:		
11. Proposed Coverage Area: 1 2 3 4		
13. Name of Authorized Signatory: 1 2		

14. No. of Field Personal employed:
15. Total No. of Parties / Retailers serviced by the firm:
Please make sure that all information provided above is correct and factual. Once the form is complete, all information listed will be kept strictly confidential between the companies applying. It shall not be released to any third party.
Company Name :
Applicant Name :
Applicant Signature :
Date :
Company Seal :
Please send this application form through Registered Post (or) e-mail only.
To, THOMAS SEA FOODS,
NO. 1-253/5, LOOURDHU NAGAR,

KANYAKUMARI DISTRICT, TAMIL NADU, SOUTH INDIA, PIN – 629 602. Helpline Numbers: +91 – 99 42 32 02 66, +91 – 96 26 60 66 63.

MANAKUDY & POST,