



# THOMAS SEA FOODS



## Super Stockist Application Form

Please kindly fill out the below two pages and send it to [thomasseafoods@gmail.com](mailto:thomasseafoods@gmail.com) when completed. Thank you.

Name	
Address	
Mobile <small>(country code + area code + mobile number)</small>	
E-mail address	
Educational Qualification	

Business name	
Business location <small>(city and country)</small>	
Contact person	
Mobile <small>(country code + area code + mobile number)</small>	
Position with Business	
E-mail address	
Company type	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Agency

	<input type="checkbox"/> Partnership <input type="checkbox"/> PVT LTD <input type="checkbox"/> Others, please specify _____ (ATTACH COMPANY DOCUMENTS)
Telephone/ Mobile (country code + area code + phone number)	
Website	

Office space (sq. ft.)	
Godown space (sq. ft.)	
Godown Location(s)	
Type & No. Vehicles for distribution	
No. of Years involved	

	<b>Business Information</b>
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 our 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.:

1	<input type="text"/>
2	<input type="text"/>

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,

MANAKUDY & POST,

KANYAKUMARI DISTRICT,

TAMIL NADU, SOUTH INDIA, PIN – 629 602.

Helpline Numbers: +91 – 99 42 32 02 66, +91 – 96 26 60 66 63.