

# JOHARI DIGITAL HEALTHCARE LTD.

## Business Associate's Information Form Details For The Appointment of Distributors

1. Name of the Firm/Organization : \_\_\_\_\_
2. Address : \_\_\_\_\_
3. Phone No.(s) : \_\_\_\_\_ / \_\_\_\_\_ Mobile \_\_\_\_\_
4. Fax No.(s) : \_\_\_\_\_
5. Email : \_\_\_\_\_
6. Website : \_\_\_\_\_
7. Year of Incorporation : \_\_\_\_\_ LST NO. \_\_\_\_\_  
CST NO. \_\_\_\_\_

8. Business Interests : Distributor / Dealership/ Commission Agent

9. Information on product categories presently dealing under each type of business

Please tick(√) your interest category:

A.  Government Hospitals  Corporate Hospitals  Private Set Up  Consumer

B.  Physiotherapy Range  Slimming Range  Other

(Please visit our website [www.joharidigital.com](http://www.joharidigital.com) to see our product range)

10. Number of major cutomers covered last year

Institutes	Hospitals	Nursing Homes	Individual Doctors

11. Total Turnover in the last financial year

(Optional): \_\_\_\_\_

12. Manpower

No. of Sales Staff \_\_\_\_\_ No. of Service Staff, if  
any \_\_\_\_\_

13. Territory you would like to Cover \_\_\_\_\_

14. Present business scenario in this Territory:

Product Line \_\_\_\_\_

Target Customer \_\_\_\_\_

15. Expected business turnover you can project \_\_\_\_\_

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

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Company Seal \_\_\_\_\_