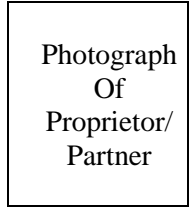


GUJARAT COOPERATIVE MILK MARKETING FEDERATION LTD., ANAND

Data Sheet for Registration of Transport Carriers for THR



- 1 Name of the Carrier Firm : _____
- 2 Head Office Address : _____

- 3 Telephone/Mobile/Fax Nos/Email Address (Give STD Codes, wherever applicable) Mobile Tel. No. _____
_____ Fax No. _____
Email Address _____
- 4 Year of Establishment : _____
- 5 Composition of the Firm Sole Proprietor / Partnership/Private Ltd Co/Limited etc : _____
- 6 Name of Principal Owners/Partners : 1. _____
2. _____
3. _____
- 7 Name, Designation and Address of the Principal Office/Owner, with whom to Communicate in this regard : Name : _____
: Designation: _____
: Tel. Nos(Off): _____
(Res): _____
Fax No.: _____
Email Address : _____
- 8 Number of other offices in the Company (if any), attach a separate List of Offices In all Major Towns/ City : _____
- 9 Address of the Office, nearest to Anand (Gujarat), if any : _____

Tel. Nos.: _____
Mobile : _____
Fax No. _____
Email Address _____

:2:

10 **Details of Open Trucks**

: Please give details of Owned Open Trucks Only.
(Attach a separate sheet, if necessary)

Sr.No.	Make	Model(Years)	Capacity (MTs)	Registration Nos.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				

....(3).....

- 13 Name & Address of Principal Banker _____

- 14 Are you an approved Carrier by Indian Bank's Association, if yes Attach a copy of their approval letter. : Yes / No
- 15 Name of prominent Companies, whose Products are transported by your Firm on Regular Baise (Please give latest details Only and not the past details) : Attach a separate list giving full details
- 16 Total Freight Billing in Last Four Years (April – March) : 2013-14 Rs. In Lacs: _____
: 2014-15 Rs. In Lacs: _____
:2015-16 Rs. In Lacs: _____
:2016-17 Rs. In Lacs: _____
- 17 Are you willing to undertake transportation all over India from Gujarat : Yes/No
- 18 In case you are appointed as approved carrier, are you willing to open branch/ depute your representative at Anand/ Vallabh Vidyanagar : Yes/No
- 19 IBA Approval Code (Status) : Yes/No
- 20 Permanent Account Number (PAN) : _____

We declare that the information contained in this Data-Sheet is correct and truly stated.

Rubber Stamp Name : _____
Seal of the Firm Designation : _____

Note : 1. Wherever the space is not sufficient, please provide information in separate sheet.

2. Please fill up the data-sheet completely. This is to get detailed information about your firm. Submission of this information does not guarantee Registration as approved carrier.