

SARVA AUSHADHI STORE PVT. LTD.

Head Office: Plot No. 300, Sector- 53, Phase-V,
HSIIDC Industrial Estate, Kundli, Sub Tehsil Rai,
Distt. Sonapat, Haryana

Website : www.sarvaaushadhi.store

E-mail : info@sarvaaushadhi.store

Ph. No.: 0130-2984905,+91-8979407085,

CIN: U51909DL2022PTC403272

PAN: ABJCS1928C



उचित दाम पूरा आराम

RETAILER APPOINTMENT FORM

(To be filled in by the Party)

1. Name of the Establishment : _____

2. Address of Business Premises : _____

Mobile : _____

Email : _____

3. Drug License No. : _____

4. GST No. : _____

5. PAN No. : _____

(XEROX COPIES OF Drug License No., GST No., FOOD LICENSE & PAN to be enclosed)

BANK DETAILS:

6. Bank Name & Branch : _____

7. A/c No. & IFSC : _____

8. Branch Address : _____

9. Security cheques details (Min 3) Cheque no. 1 -

Cheque no. 2 -

Cheque no. 3 -

10. NO. of STAFF : _____

11. Godown Area Information : _____ Sq. ft.

I declare that the above information is true and to the best of knowledge. (We also agree to your terms and conditions)

STAMP & SIGNATURE OF MEDICAL STORE/ RETAILER

T& C for Medical Store/ Retailer ship of SARVA AUSHADHI STORE PVT. LTD.

SARVA AUSHADHI STORE PVT. LTD. is pleased to appoint you as a Retailer on the following terms and conditions:

1. Your appointment as **Retailer** for our **SARVA AUSHADHI STORE PVT. LTD.** in the _____ AREA & shall commence from _____ under Stockist _____ and Distributor _____ of the State.
2. Goods will be dispatched from Distributor & prices are exclusive of GST.
3. Security deposit is of **Rs. TWENTY FIVE THOUSAND (25,000/-) for your area**, which is refundable after settlement of all dues.
You may deposit amount in our Bank also. Bank details are :
Name: Sarva Aushadhi Store Pvt Ltd Bank: HDFC Bank Branch: Chandni chowk
Account no.: 50200073314976 IFSC: HDFC0000553
4. No interest will be paid on the deposit.
5. Party shall provide three blank **security cheques** in favor of **SARVA AUSHADHI STORE PVT. LTD.**
6. This is a **TRIPARTITE AGREEMENT** is made and executed at the place and on date mentioned in point No.1.

BY AND BETWEEN

The Medical Store/ **Retailer** whose name, address and other details are mentioned on the first page

AND

The **Stockist** whose name, address and other details are mentioned on the first page.

AND

The **Distributor** whose name and details are mentioned in point 1 of T&C.

AND

M/S SARVA AUSHADHI STORE PVT. LTD., a company under the company act, 2013, having its registered office at # 38, NAV KRANTI APPART. I. P. EXT PATPAR`GANJ, DELHI-110092.

7. Retailers will get 20% margin on MRP (Excluding Taxes) and also get Target Incentives as per the details given-
 - A. ₹ 5000 per day X 30 days = 1.50 Lac and will get 4% Reward
 - B. ₹ 7500 per day X 30 days = 2.25 Lac and will get 5% Reward
 - C. ₹ 10000 per day X 30 days = 3.00 Lac and will get 6% Reward
8. In addition to the above medical store will get special scheme of 10+1 unit free on each product purchase by him.
9. The store shall get on additional scheme of 20+1 (5%) for **SADHU-SADHVI, SANTS & BEGGERS ALSO**
10. **Cheque Bouncing:** for any cheque dishonor the bank charges will be charged @ RS. 1000/- per cheque & next three supplies will be made on advance payments only.
11. **PAYMENT FOR THE SUPPLIES HAS TO BE MADE WITHIN 21 DAYS.**
12. The relationship between you and the Company shall be strictly that of principal to principal, and this Appointment in no way entitles you to represent the company as its representative or agent in any capacity other than specified in this appointment.
13. Any supplies made by the company would be as per our shipper pack or multiples of shipper packs thereof. Normally all order placed by you will be executed by the company as early as possible. However, you agree that under certain circumstances the Company may be compelled to substitute some part of your order with any other fast moving product too.
14. You shall at all times, ensure that valid permits, authorizations, licenses etc. as required by the Drug department, Municipal corporation, Food & Drugs Authorities etc. are obtained by you and the same are valid and subsisting during the term of Medical Store/ Retailer ship with the company. You should agree and undertake that you shall renew such licenses within the prescribed time. If due to non- compliance of any requirements under any

STAMP & SIGNATURE OF MEDICAL STORE/ RETAILER

law, statutory provisions and regulations, terms and conditions of this agreement on your part, the company is in any way affected prejudicially, the company shall be entitled to recover all costs and expenses incidental thereto from you and you shall at all times the company harmless and indemnified against all costs, expenses, damages, liabilities, losses, proceedings arising due to the same.

15. You shall place all orders to the company on your letterhead. And simultaneously place order in the software also, giving full details of product, quantity, packing and delivery instructions.
16. Notwithstanding anything contained herein, the prices at which we would be supplying all product to you are inclusive of all schemes and discount, including Medical Store/ Retailer discount, cash discount, free replacement and losses that you may suffer for breakage, leakages, damages, expiry and other Discrepancies, octroi reimbursement and any or all other discount for any matter whatsoever.
17. If you commit any breach of the terms and conditions herein contained, or your performance is not to the Company's satisfaction, the company shall terminate the agreement without assigning any reason & without any liability whatsoever towards any loss and /or damage that you may suffer in respect of such termination. It being clearly understood that such termination would be without prejudice to all rights and remedies available to the company against you for breach of performance, of any of the terms and conditions herein contained.
18. This letter of appointment is issued in your favor only, and you will have no right whatsoever to assign the same to another party without the written consent of the company.
19. It is expressly agreed that if there is any change in the constitution under which you carry on the Medical Store/ Retailer ship business from the date hereof, you shall automatically terminate your appointment as our Medical Store/ Retailer and the company may issue a fresh appointment to the reconstituted firm at its sole discretion on such terms and conditions as the company may deem fit.
20. All disputes of differences that may arise between the parties herein out of or relating to this appointment and the construction, meaning, operation and effect of this appointment or the breach thereof, Shall be settled by arbitration in accordance with the "Arbitration & Conciliation Act, 1996" and the award made in pursuance thereof shall be binding on the parties. The venue of such arbitration shall be at Haryana only. The governing applicable to the Agreement shall be the laws of India and the Jurisdiction in all matters shall be competent court of Haryana only.
21. The company may modify terms and conditions of this agreement by issuing a simple letter of amendment, which will be sent to the Medical Store/ Retailer address by ordinary post. In case such amendment is not acceptable to the Medical Store/ Retailer, the Medical Store/ Retailer may in writing to the company opt to terminate this agreement.
22. It is expressly agreed between the parties hereto that no employee or any agent other than the head of the marketing is authorized to offer any rate, discount, free offer etc. or change the terms and conditions of this agreement or approve the credit notes to be issued to you.

In addition to the terms and conditions set out in this Agreement, the other terms of Medical Store/ Retailer ship shall be as per the terms of business annexed to the company's Price -list and shall be applicable to you as amended from time to time.

The company believes that the appointment will prove to be mutually beneficial and profitable and will give sufficient opportunity for constructive cooperation to the achievement of growth and prosperity. We shall appreciate your signing the duplicate copy of this letter of appointment as a confirmation of your acceptance.

Yours truly,

For **SARVA AUSHADHI STORE PVT. LTD.**

Directors/General Manager

I/We (Retailer) agree to the terms and conditions of the above Agreement

NAME _____

DESIGNATION _____

SEAL OF THE FIRM _____

DATED _____

POSTAL ADDRESS _____

STAMP & SIGNATURE OF MEDICAL STORE/ RETAILER