

Distributor Information Sheet

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|---|----------|
| Name and address of the Firm | |
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| | |
| | |
| Mailing Address | |
| | |
| | |
| | |
| | |
| DL No. | |
| CST/VAT No. | |
| Contact Person: | |
| Telephone Nos. | |
| - Office | |
| - Residence | |
| - Mobile | |
| | |
| Territory(s) intended to be covered | |
| Preferred Transport/Courier | |
| Whether ICICI/Oriental Bank Of Commerce (CBS) Branch is accessible to you? | Yes / No |

(Signature with Stamp)

Please Fax/mail this Performa to below mention address:

Capri Pharmaceuticals

116, New Punjab Mata Nagar,
Pakhawal Road,
Ludhiana – 141002 (Punjab)

Fax/Tel. No. - 0161-2561950