



Fertilex Biotech Pvt. Ltd.

CIN : U01611UP2025PTC223379

DEALERSHIP APPLICATION FORM

Name of the Firm/Organisation : _____

Address 1: (Bill to) _____

Post: _____ District: _____

State: _____ Pin Code: _____

Address 2: (Ship to) _____

Post: _____ District: _____

State: _____ Pin Code: _____

Email: _____

Mobile Number: _____ Alternate _____

GST number: _____

Fertilizer Lic. no.: _____

Seed Lic. no.: _____

Chem. Lic. no.: _____

Type of Firm: (tick) ☐ Sole Proprietor ☐ Partnership ☐ Private Limited ☐ Public Ltd.

Name of the Responsible Person

(1) _____ Mobile No: _____

(2) _____ Mobile No: _____

We are interested in marketing your Company brands, quality, formulations in the area/region of _____

I declare that all the information given by me is true, if there is any error in the information given by me, I will be responsible for the form being rejected by the company.

Stick Passport
size Photo

Date & Signature



+91 9111-06-9009



info@fertilexbiotech.com



www.fertilexbiotech.com

Corporate Office : 6th floor, Apollo Premier Building, PU-04, Vijay Nagar Square, Indore, Madhya Pradesh, 452010



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1st Responsible Person Details:

Name : _____

Aadhar No : _____

Pan No.: _____ Mobile No. _____

2st Responsible Person Details:

Name : _____

Aadhar No : _____

Pan No.: _____ Mobile No. _____

Bank Account Details:

Branch Name: _____

Account Holder Name: _____

Account Number: _____

IFSC Code: _____

Address: _____

Please attach copy of the documents included in this form.

Thanks & Regard

Fertilex Biotech Private Limited



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