Application Form for Registration for Fertilizer Distribution & Marketing

1. Name of the Institution: .....

(Please attach a copy of business registration certificate)

1.1 Address of the Institution:

District	City/Town	Street/ Road	Name of the Building	Numberof the Building

1.2 Telephone and Other Contacts:

Telephone No	Fax Number	e-mail Address	Web site

2. Is it a Company, Joint Venture or Individual Business: .....

(If it is a Company or Joint Venture, please attach separate sheet to describe names and addresses of the Board of Directors or Governing Board Members.)

3. Name of the Chief Executive Officer: .....

3.1 Telephone and other contacts:

Office	Mobile	Fax	Home	e-mail

4. Tax file numbers

Income Tax	VAT	BTT	Other

5. Number of authorized agents been appointed by the Institution: .....

(Please attach separate sheet to describe names and Addresses of the Authorized Agents)

6. Types of the Fertilizer to be Distribute/ Marketed under this Registration:

(In Addition to the table below, please attach separate sheets to describe more details if any.)

Commercial Name	Chemical Name	Name of the Importer/ Producer/ Formulator	Quantity to be Distributed/ Marketed per Month (mt)