

**KERALA STATE PALMYRAH PRODUCTS DEVELOPMENT  
AND  
WORKERS WELFARE CORPORATION LIMITED**

**CHECKLIST FOR DISTRIBUTIONSHIP**

1	Name of Concern			
2	Whether Company/Partnership/Proprietorship (Specify)			
3	Name of Directors/Partners/Proprietor			
4	Address of Registered Office  PHONE			
5	Address of MD/Mg. Partner/Proprietor			
6	Immovable assets in the name of Firm/Proprietor (Give details)	Rs.		
7	Movable Assets in the name of the firm/Proprietor (Give Details)	Rs.		
8	Details of Products presently distributing			
9	Turn over of the firm for the last 3 years	2004-05	2005-06	2006-08
10	Maximum amount your firm can make available for this distributorship			
11	District/Taluk			

Place:

Date:

Name and Signature of  
MD/Mg. Partner/Proprietor  
(With seal)