

Date: dd-mmm-yyyy

Transporter Registration form

To
Ganga Rasayanie (P) Ltd
Dakhinapan Shopping Complex
2, Garriahat Road
Kolkata 600 028

We hereby provide our company details in order to register as a transporter with your company.
(The starred * items are mandatory)

Company Name		*
Address Line 1		*
Address Line 2		
Address Line 3		
City / Village		*
Pin		*
District		
State		*
Credit Days (# of days)		*
Tax Details		
Service Tax #		*
PAN #		*
Contact Person		*
Email Address		*
Phone # (with std code)		*
Fax #		
Mobile #		*
Communication Mode	Email / Telephone / Fax	*

Payments are to be made to the Company Name mentioned above.
We undertake to provide the updated information as an when they change.
Enclosed is an attested copy of our PAN Card.