

**Frozen Dessert/Ice Cream Partner
APPLICATION FORM**

1	Name & Address of the manufacturer/dealer	
2	Contact persons and address	
3	License & Registration details (Attach copy)	
4	Contact numbers	
5	E mail ID	
6	PAN number (Attach copy)	
7	GST Number (Attach copy)	
8	Name of the selling brand	
9	Royalty amount for Partner	

Last date for submission **5 PM on 10/11/2023**

Date of opening **11/11/2023, 10 AM onwards**

I hereby declare that the above details and true and correct.

Name: -

Signature:

Date: -