## GUJARAT COOPERATIVE MILK MARKETING FEDERATION LTD., ANAND

## **Data Sheet for Registration of Transport Carriers for THR/FWF/Wheat**

			Photograph Of Proprietor/ Partner
1	Name of the Carrier Firm	:	
2	Head Office Address	:	
3	Telephone/Mobile/Fax Nos/Email Address (Give STD Codes, wherever applicable) Mobile	Tel. No.  Fax No.  Email Address	
4	Year of Establishment	:	
5	Composition of the Firm Sole Proprietor / Partnership/Private Ltd Co/Limited etc	:	
6	Name of Principal Owners/Partners ( if more than 3, please attach complete list)	: 1	
7	Name, Designation and Address of the Principal Office/Owner, with whom to Communicate in this regard	: Name : : Designation: : Tel. Nos(Off):  (Res): Fax No.: Email Address :	
8	Number of other offices in the Company (if any), attach a separate List of Offices In all Major Towns/ City	:	
9	Address of the Office, nearest to Anand (Gujarat), if any	Tel. Nos.:	

: Please give details of <u>Owned Open Trucks Only</u>. (Attach a separate sheet, if necessary)

(Attach a separate sheet, if necessary)					
Sr.No.	Make	Model(Years)	Capacity (MTs)	Registration Nos.	Full name of current owner of vehicle
1					01 (011010
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					

13	Name & Address of Principal Banker					
14	Are you an approved Carrier by Indian Bank's Association, if yes Attach a copy of their approval letter.	:	: Yes / No			
15	Name of prominent Companies, whose Products are transported by your Firm of Regular Baise (Please give latest details Only and not the past details)	n	: Attach a separate list giving full details			
16	Total Freight Billing in Last 3 Years (April – March)		: 2020-21 : 2021-22 : 2022-23	Rs. In Lacs:  Rs. In Lacs:  Rs. In Lacs:		
17	Are you willing to undertake transportat all over India from Gujarat	ion	: Yes/No			
18	In case you are appointed as approved carrier, are you willing to open branch/depute your representative at Anand/Vallabh Vidyanagar		: Yes/No			
19	IBA Approval Code (Status)		: Yes/No			
20	Permanent Account Number (PAN)		:			
We declare that the information contained in this Data-Sheet is correct and truly stated.						
Rubber Seal of	Stamp the Firm	Name Design	:_ ation :_			

Note: 1. Wherever the space is not sufficient, please provide information in separate sheet.

2. Please fill up the data-sheet completely. This is to get detailed information about your firm. Submission of this information does not guarantee Registration as approved carrier.