



SHARP BUSINESS SYSTEMS (INDIA) LIMITED

1. NAME OF ORGANISATION :

ADDRESS :

YEAR OF ESTABLISHMENT :

2. CONTACT PERSON :

TEL . NO. :

FAX NO. :

EMAIL :

3. NATURE OF ORGANISATION : PARTNERSHIP PROPRIETORSHIP
PRIVATE LTD PUBLIC LTD.

4. NAMES OF ASSOCIATE COMPANIES/BRANCHES (IF ANY).

	ASSOCIATE CO./BRANCH	ADDRESS/TEL. NO.	ACTIVITY DETAILS



5. DETAILS OF PARTNERS / DIRECTORS

NAME , ADDRESS & TEL. .NO(S)	AGE	DESIGNATION	QUALIFICATION & EXPERIENCE

6. COMPANIES REPRESENTED AND PRODUCTS HANDLED AT PRESENT GIVING DETAILS OF WHETHER DISTRIBUTOR / SYSTEM INTEGRATOR /VAR/ DEALER/ RESELLERS ETC.

SL. NO.	COMPANY	PRODUCTS



7. ANNUAL SALES TURNOVER

S/NO.	PRODUCT	2007-08	2008-09	2009-10
	TOTAL			

8. PARTICULARS OF OFFICE / SHOWROOM

A. SIZE OF OFFICE / ESTABLISHMENT (SQ.FT.) :

B. OFFICE SPACE IS : OWNED / RENTED / LEASED

C. STORAGE FACILITIES : YES / NO

D. PLACE OF SERVICING ACTIVITY : YES / NO

(IF YES AREA : _____)

E. DISPLAY ARRANGEMENTS AVAILABLE : YES / NO

9. DETAILS OF PERSONS EMPLOYED

TECHNICAL		NON - TECHNICAL	
ENGINEERS		MANAGERS	
		SALES PERSONS	
DIPLOMA		RECEPTIONIST / STENO	
TECHNICIANS		OTHERS	
TOTAL		TOTAL	



10. SALES TAX REGISTRATION NO:

LOCAL

CENTRAL

INCOME TAX PAN NO

11. FINANCE

A.BANKERS NAME & ADDRESS :

B. OVER DRAFT LIMIT (IF ANY) :

**12. BREAKUP OF YOUR REVENUE FOR LAST CALENDER YEAR
PRODUCT WISE / SERVICE WISE**

PRODUCT LINE / SERVICE	TURNOVER IN LAKHS

13. WHAT IS YOUR TURNOVER TARGET FOR THE CURRENT CALENDER YEAR ?

_____ LAKHS.

**PL. DESCRIBE THE KEY ACTIONS / INITIATIVE YOU HAVE TAKEN IN THE
LAST 6 MONTHS TO INCREASE YOUR CURRENT BUSINESS TOURNOVER.**



WHAT MARKET SEGMENTS DOES YOUR COMPANY FOCUS ON ?

MARKET SEGMENT	% CONTRIBUTION TO TURNOVER
GOVT.	
LARGE CORP.	
SMALL & MEDIUM ORGANISATION	

14. WHAT IS YOUR REALISTIC TOURNOVER AND GROSS MARGIN EXPECTATIONS FROM THE BUSINESS ?

YEARS	TURN OVER EXPECTED	% GROSS MARGIN EXPECTED
YEAR 1		
YEAR 2		
YEAR 3		

15 . TICK THE SHARP PRODUCTS YOU WOULD LIKE TO SELL

- FAX** :
- COPIER/ MFP** :
- I T PRODUCTS** :
- ECR** :
- AIR CONDITIONERS** :



16. WHAT ARE YOUR EXPECTATIONS FROM SHARP ?

17. NAMES OF KEY PERSONS WHO WILL BE RESPONSIBLE FOR

	NAME	SIGNATURE
SIGNING AGREEMENT		
SIGNING ORDERS		
SIGNING CHEQUES		
MANAGING SHARP BUSINESS		

18. REFERENCES

	NAME	DESIGNATION	ADDRESS WITH TEL. NO.

COMPANY SEAL

SIGNATURE :

NAME :

PLACE :

DATE :