| | | | Agent Registrat | ion Form | | | | | |
|--------------------------------|------------|-------------|----------------------------------|-------------|---------------------|---|---------|--|--|
| Agent Registration No | AGT-202 | 405-0000 | 03 | | | | × | | |
| Agent Name | Mr.Goku | | _ | | | | | | |
| | | | Identifica | tion Detail | s | | | | |
| Father Name | 9344086785 | | | | | | | | |
| Email Id | | ec.cbgp(| <pre>@ponpurelogistics.com</pre> | Door No 8 | & Street | No.225/311, Vydial Street, Coimbatore. | | | |
| City | | COIMBA | TORE | State | | Tamil Nadu | | | |
| Pincode | | 641001 | | Education | Qualification | B.Sc | | | |
| Location Interested | | COIMBA | TORE GANAPATHY | Refered B | у | Nil | | | |
| Experience if Any (in years) | | 2.00 | | Current A | gency Status if any | Nil | | | |
| Potential in your area (In Rs) | | 100000. | 00 | Truck deta | ails (Own / Lease) | Own | | | |
| Number of Vehicles | | 1 | | Present B | usiness Size | 50000 | 50000 | | |
| Interview Date | | 20-May- | 2024 | | | | | | |
| | | | Compa | ny Details | | | | | |
| PAN No | | DGIPG37 | 28Q | Aadhar No | | 983849621037 | | | |
| Office Address | | | anapathy Post, | Home Add | ress | No.225/311, Vydial Street, Coimbatore. | | | |
| State | - | Tamil Na | du | State | | Tamil Nadu | | | |
| District | | соімват | ORE | District | | COIMBATORE | | | |
| Taluk | | соімват | ORE | Taluk: | | COIMBATORE | | | |
| Pincode | | 641006 | | Pincode | | 641001 | | | |
| Mobile No | | | | Secondary | Phone No | | | | |
| Email Id | | ec.cbgp@ | ponpurelogistics.com | Vehicle Ty | be | Own | | | |
| Branch Code | | CBGP | | Branch Na | me | COIMBATORE GANAPATHY | | | |
| Tot No.of Exp | | 2.00 | | Reporting | Cluster | COIMBATORE HUB | | | |
| Potential in your Ares | | 100000.0 | 0 | Present Bu | siness Size | 50000 | | | |
| Branch Type | | Local Bra | nch | Credit Cust | omer if any | No | | | |
| | | | Timin | g Details | | | | | |
| Office Opening Time | 9 | 9:00AM | | | ehicle Inward | 11:00AM | | | |
| Office Closing Time | 1 | 8:00PM | | Booking Cu | ıt-off Time | 7:30PM | | | |
| Maximum Time for Del | ivery 4 | very 4:00PM | | Departure | Cut-off Time | 8:00PM | | | |
| Door (| Collection | ı Commi | ssion | | ion | | | | |
| Agent Vehicle Commisi | on % | | | Agent Vehi | icle Commision % | | | | |
| Attached Vehicle Comm | nision% | | | Agent Veh | icle Commision % | | | | |
| | | | Bookin | g Details | | | | | |
| Mode of Booking | | I | Paid: | | То Рау: | | Credit: | | |
| Mode of Collection | | | Door Collection | | Godown Collection: | | | | |
| Mode of Delivery | | | Door Delivery | | Godown Delivery | | | | |
| | | | Bank | Details | | 1 | · | | |
| Bank Name | A | XIS BANK | < | Branch Name | | Coimbatore | | | |
| Account Name | G | OKUL KR | ISHNAN K | Account No |) | 922010042469638 | | | |
| IFSC | U | JTIB00000 | 090 | | | | | | |
| | | | Gurant | ee Details | | | | | |
| Tier | Т | ïer A | | Amount | | 38000 | | | |

| Bank Name AXIS BA | | | | | | Branch Name | | Coimbato | Coimbatore | | | |
|------------------------------|------------|------------------|-------------------------------------|------------------|--------------------|-------------------|---|---|------------|------------|--|--|
| Account Name GC | | GOKUL KRISHNAN K | | | | Account No | 92201004 | 922010042469638 | | | | |
| Cheque Book No 135314 | | | | | | | | | | | | |
| | | | | | Branch Us | er verification | | | | | | |
| Godown size 150.00 | | | | | | Available Compute | s Yes | Yes | | | | |
| Location Ganap Nadu, | | | pathy, Coimbatore, Tamil , India | | | Distance From Hub | 18 | 18 | | | | |
| Lantitude 76.97 | | | 59 | | | Latitude | 11.040080 | | | | | |
| Near by Hub COIN | | | TORE | HUB | | | | | | | | |
| | | | | | Famil | ly Details | | | | | | |
| Name | DOB Ge | | Gender Rela | | ationship | Occupation | Educatio | n Emerge Conta Perso | ct | Contact No | | |
| Mr.Kanagaraj | | Male | | Father | | Business | 10th | | | | | |
| Mrs.Meenakshi. K | | Fema | | le Mother | | Housewife | 12th | | | | | |
| Miss.K.Subhashini | | Fema | | ale Sister | | Studying | B.Sc | | | | | |
| | | | | | Vehic | le Details | | | | | | |
| Reg Name | Vehicle No | | Vehicle type | | icle type | Model | P | Permit | | Capacity | | |
| ΤΑΤΑ ΑСΕ | | ACE | | | 2023 | State Pe | rmit | 1 | | | | |
| | | | | | Commis | sion Details | | | | | | |
| (A) Basic Frieght | sion | | | Above Car | d Rate % | | | | | | | |
| From | | | | | То |) | | Commission % on Freight | | | | |
| (B) Other Commi | ssion | | | | | | | | | | | |
| Charge Code | | | | Charge Name | | | | Commission | | | | |
| | | | | | Commo | ent History | | | | | | |
| FIRSTLEVELCONTACTSTATUS P | | | | ed | FIRSTLEVEL | CONTACTCOMMEN | ood Experienced person, also Iterested to grow in his life throug ONPURE Family | | | | | |
| SECONDLEVELGUARANTEESTATUS P | | | | Proceed SECONDLI | | | | Please prepare their Agreement for further process | | | | |
| BRANCHLEVELSTATUSCOMMENTS | | | | ed | BRANCHLEVELCOMMENT | | | PLEASE APPROVE SIR SYSTEM AND PRINTERS AVAILABLE AND VISIBLE TO CUSTOMERS TO GET COMPETITIVE BOOKINGS. | | | | |
| FINACELEVELSTATUS | | | | | FINANCELE | VELCOMMENT | | | | | | |
| FINALLEVELSTATUS | | | | | FINALLEVE | LCOMMENT | | | | | | |

Agent Signatory

Date: 10-Jun-2024

Authorized Signatory Pon Pure Logistics Private Limited