

Agent Registration Form

| | |
|------------------------------|-------------------|
| Agent Registration No | AGT-202409-00002 |
| Agent Name | Mrs.ANNALAKSHMI.S |



Identification Details

| | | | |
|---------------------------------------|------------------------------|-------------------------------------|--|
| Father Name | D/O PONNUSAMY | Mobile No | 9095212351 |
| Email Id | ec.snkn@ponpurelogistics.com | Door No & Street | 92/1 PUDHUMANAI 4 TH STREET VEDNARY HOSPITAL BACK SIDE ,SANKARANKOIL |
| City | SANKARANKOIL | State | Tamil Nadu |
| Pincode | 627756 | Education Qualification | 12th |
| Location Interested | SANKARANKOIL | Referred By | NIL |
| Experience if Any (in years) | 30.00 | Current Agency Status if any | NIL |
| Potential in your area (In Rs) | 100000.00 | Truck details (Own / Lease) | Own |
| Number of Vehicles | 1 | Present Business Size | 50000 |
| Interview Date | 26-Aug-2024 | | |

Company Details

| | | | |
|-------------------------------|--|-------------------------------|--|
| PAN No | FQFPA7059P | Aadhar No | 556497529349 |
| Office Address | 92/1 PUDHUMANAI 4 TH STREET VEDNARY HOSPITAL BACK SIDE ,SANKARANKOIL | Home Address | 92/1 PUDHUMANAI 4 TH STREET VEDNARY HOSPITAL BACK SIDE ,SANKARANKOIL |
| State | Tamil Nadu | State | Tamil Nadu |
| District | TIRUNELVELI | District | TIRUNELVELI |
| Taluk | SANKARANKOIL | Taluk: | SANKARANKOIL |
| Pincode | 627756 | Pincode | 627756 |
| Mobile No | | Secondary Phone No | |
| Email Id | ec.snkn@ponpurelogistics.com | Vehicle Type | Own |
| Branch Code | SNKL | Branch Name | SANKARANKOIL |
| Tot No.of Exp | 30.00 | Reporting Cluster | TIRUNELVELI HUB |
| Potential in your Ares | 100000.00 | Present Business Size | 50000 |
| Branch Type | En-route Branch | Credit Customer if any | No |

Timing Details

| | | | |
|----------------------------------|--------|--------------------------------|---------|
| Office Opening Time | 9:00AM | Time for Vehicle Inward | 11:30AM |
| Office Closing Time | 8:00PM | Booking Cut-off Time | 7:30PM |
| Maximum Time for Delivery | 5:00PM | Departure Cut-off Time | 8:30PM |

Door Collection Commission

Door Delivery Commission

| | | | |
|------------------------------------|--|----------------------------------|--|
| Agent Vehicle Commision % | | Agent Vehicle Commision % | |
| Attached Vehicle Commision% | | Agent Vehicle Commision % | |

Booking Details

| | | | | | | |
|---------------------------|-------------------------------------|------------------------|-------------------------------------|---------------------------|-------------------------------------|----------------|
| Mode of Booking | <input checked="" type="checkbox"/> | Paid: | <input checked="" type="checkbox"/> | To Pay: | <input checked="" type="checkbox"/> | Credit: |
| Mode of Collection | <input checked="" type="checkbox"/> | Door Collection | <input checked="" type="checkbox"/> | Godown Collection: | | |
| Mode of Delivery | <input checked="" type="checkbox"/> | Door Delivery | <input checked="" type="checkbox"/> | Godown Delivery | | |

Bank Details

| | | | |
|---------------------|---------------|--------------------|--------------------|
| Bank Name | SBI | Branch Name | SANKARANAYINARKOIL |
| Account Name | ANNALAKSHMI.S | Account No | 36887692868 |
| IFSC | SBIN0000795 | | |

Gurantee Details

| | | | |
|-----------------------|---------------|--------------------|--------------------|
| Tier | Tier C | Amount | 10000 |
| Bank Name | SBI | Branch Name | SANKARANAYINARKOIL |
| Account Name | ANNALAKSHMI.S | Account No | 36887692868 |
| Cheque Book No | 032041 | | |

Branch User verification

| | | | |
|--------------------|----------------------------------|---------------------------------------|-------------------|
| Godown size | 160.00 | Available Computer peripherals | Yes |
| Location | Sankarankovil, Tamil Nadu, India | Distance From Hub | 60 |
| Lantitude | 77.5351242 | Latitude | 9.177796599999999 |
| Near by Hub | TIRUNELVELI HUB | | |

Family Details

| Name | DOB | Gender | Relationship | Occupation | Education | Emergency Contact Person | Contact No |
|----------------|-----|--------|--------------|------------|-----------|--------------------------|------------|
| Mr.SATTANATHAN | | Male | Spouse | BUSINESS | 12th | | |
| Mr.JAYAPRAKASH | | Male | Son | STUDYING | Others | | |
| KRITHICK | | Male | Son | STUDYING | Others | | |

Vehicle Details

| Reg Name | Vehicle No | Vehicle type | Model | Permit | Capacity |
|----------|------------|--------------|----------|--------------|----------|
| NIL | NIL | ACE | TATA ACE | State Permit | 1 |

Commission Details

| | | |
|---------------------------------------|--------------------|--------------------------------|
| (A) Basic Frieght - Commission | Above Card Rate % | |
| From | To | Commission % on Freight |
| (B) Other Commission | | |
| Charge Code | Charge Name | Commission |

Comment History

| | | | |
|-----------------------------------|---------|------------------------------------|---|
| FIRSTLEVELCONTACTSTATUS | Proceed | FIRSTLEVELCONTACTCOMMENT | She is very honest and good experience in this parcel service industries. |
| SECONDLEVELGUARANTEESTATUS | Proceed | SECONDLEVELGUARANTEECOMMENT | Kindly prepare agreement |
| BRANCHLEVELSTATUSCOMMENTS | Proceed | BRANCHLEVELCOMMENT | Please approve for New ID at Sankarankoil |
| FINACELEVELSTATUS | | FINANCELEVELCOMMENT | |
| FINALLEVELSTATUS | | FINALLEVELCOMMENT | |

Agent Signatory
Date: 27-Sep-2024

Authorized Signatory
Pon Pure Logistics Private Limited