

### Agent Registration Form

Agent Registration No	AGT-202503-00001
Agent Name	Mr.A.KALAIARASAN



#### Identification Details

Father Name	Mr.M.Ayyadurai	Mobile No	9843525290
Email Id	ec.pmk@ponpurelogistics.com	Door No & Street	No.50/12/338-w11, Second Cross Street, Thiruvalluvar Nagar, Parmakudi, Ramanathapuram
City	PARAMAKUDI	State	Tamil Nadu
Pincode	623707	Education Qualification	B.Sc
Location Interested	PARAMAKUDI	Referred By	NII
Experience if Any (in years)	7.00	Current Agency Status if any	NII
Potential in your area (In Rs)	100000.00	Truck details (Own / Lease)	Own
Number of Vehicles	1	Present Business Size	50000
Interview Date	15-Mar-2025		

#### Company Details

PAN No	EOEPP3964N	Aadhar No	458613323943
Office Address	No,12, 4th Street, Kamaraj Nagar, Madurai Mandapam, Paramakudi, Ramanathapuram.	Home Address	No.50/12/338-w11, Second Cross Street, Thiruvalluvar Nagar, Parmakudi, Ramanathapuram
State	Tamil Nadu	State	Tamil Nadu
District	RAMANATHAPURAM	District	RAMANATHAPURAM
Taluk	PARAMAKUDI	Taluk:	PARAMAKUDI
Pincode	623707	Pincode	623707
Mobile No		Secondary Phone No	
Email Id	ec.pmk@ponpurelogistics.com	Vehicle Type	Own
Branch Code	PMK	Branch Name	PARAMAKUDI
Tot No.of Exp	7.00	Reporting Cluster	MADURAI 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	11:00AM
Office Closing Time	8:00PM	Booking Cut-off Time	3:00PM
Maximum Time for Delivery	5:00PM	Departure Cut-off Time	8:00PM

#### Door Collection 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	CANARA BANK	Branch Name	Paramakudi
Account Name	KALAIARASAN A	Account No	0919101074053

IFSC	CNRB0000919						
<b>Gurantee Details</b>							
Tier	Tier B			Amount	10000		
Bank Name	CANARA BANK			Branch Name	PARAMAKUDI		
Account Name	KALAIARASAN A			Account No	0919101074053		
Cheque Book No							
<b>Branch User verification</b>							
Godown size				Available Computer peripherals			
Location				Distance From Hub			
Lantitude				Latitude			
Near by Hub							
<b>Family Details</b>							
Name	DOB	Gender	Relationship	Occupation	Education	Emergency Contact Person	Contact No
Mr.M.Ayyadurai		Male	Father	Business	10th		
Mrs.A.Mariammal		Female	Mother	Housewife	Others		
Mrs.K.Muneeshwar i		Female	Spouse	Housewife	10th		
Master.K.Manish		Male	Son	Studying	Others		
Baby.K.Rajitha		Female	Daughter	Studying	Others		

<b>Vehicle Details</b>							
Reg Name	Vehicle No		Vehicle type	Model	Permit	Capacity	
TATA ACE	1		ACE	2022	State Permit	1	

<b>Commission Details</b>							
<b>(A) Basic Frieght - Commission</b>			Above Card Rate %				
<b>From</b>			<b>To</b>		<b>Commission % on Freight</b>		
<b>(B) Other Commission</b>							
<b>Charge Code</b>			<b>Charge Name</b>		<b>Commission</b>		

<b>Comment History</b>							
FIRSTLEVELCONTACTSTATUS		Proceed	FIRSTLEVELCONTACTCOMMENT			Good Experience in this industries.	
SECONDLEVELGUARANTEESTATUS		Proceed	SECONDLEVELGUARANTEECOMMENT			Please approve sir	
BRANCHLEVELSTATUSCOMMENTS			BRANCHLEVELCOMMENT				
FINACELEVELSTATUS			FINANCELEVELCOMMENT				
FINALLEVELSTATUS			FINALLEVELCOMMENT				

**Agent Signatory**  
Date: 31-Mar-2025

**Authorized Signatory**  
Pon Pure Logistics Private Limited