

Agent Registration Form

Agent Registration No	AGT-202208-00003			<input type="checkbox"/>		
Agent Name	A K Manikandan					
Identification Details						
Father Name	MR. KUMAR	Mobile No	9791743043			
Email Id	ec.slfr@ponpurelogistics.com	Door No & Street	DOOR NO : 14-3-108, / (2) PANJAYATHU UNION PADASALAI STREET, JALAKANDAPURAM, SALEM, TAMILNADU - 636501			
City	SALEM	State	Tamil Nadu			
Pincode	636501	Education Qualification	MBA			
Location Interested	SALEM FIVE ROADS	Referred By	TOLL FREE			
Experience if Any (in years)	0.00	Current Agency Status if any				
Potential in your area (In Rs)	0.00	Truck details (Own / Lease)				
Number of Vehicles	0	Present Business Size	0			
Interview Date	01-Jul-2022					
Company Details						
PAN No	CDSMP3303D	Aadhar No	832308660357			
Office Address	DOOR NO : 157 / 20B, SAMINATHAPURAM MAIN ROAD, NEAR E B OFFICE, SAMINATHAPURAM, SALEM - 636009	Home Address	DOOR NO : 14-3-108, / (2) PANJAYATHU UNION PADASALAI STREET, JALAKANDAPURAM, SALEM, TAMILNADU - 636501			
State	Tamil Nadu	State	Tamil Nadu			
District	SALEM	District	SALEM			
Taluk	SALEM	Taluk:	SALEM			
Pincode	636009	Pincode	636501			
Mobile No		Secondary Phone No				
Email Id	ec.slfr@ponpurelogistics.com	Vehicle Type	Own			
Branch Code	SLFR	Branch Name	SALEM FIVE ROADS			
Tot No.of Exp	0.00	Reporting Cluster	SALEM HUB			
Potential in your Ares	0.00	Present Business Size	0			
Branch Type	Local Branch	Credit Customer if any	No			
Timing Details						
Office Opening Time	9:30AM	Time for Vehicle Inward	11:00AM			
Office Closing Time	6:00PM	Booking Cut-off Time	6:00PM			
Maximum Time for Delivery	12:00AM	Departure Cut-off Time	7:00PM			
Door Collection Commission		Door Delivery Commision				
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	AXIS BANK		Branch Name	EDAPPADI		
Account Name	SAVINGS BANK		Account No	DEMAND DRAFT		

IFSC	UTIB0001452						
Gurantee Details							
Tier	Tier B			Amount	20000		
Bank Name	AXIS BANK			Branch Name	EDAPPADI		
Account Name	SAVINGS BANK			Account No	916010066009620		
Cheque Book No	075402						
Branch User verification							
Godown size				Available Computer peripherals			
Location				Distance From Hub			
Lantitude				Latitude			
Near by Hub							
Family Details							
Name	DOB	Gender	Relationship	Occupation	Education	Emergency Contact Person	Contact No
Vehicle Details							
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			APPROVED BY OPERATION HEAD / SALES HEAD AND ED		
SECONDLEVELGUARANTEESTATUS	Proceed	SECONDLEVELGUARANTEECOMMENT			APPROVED BY SALES HEAD / OPERATIONS HEAD AND ED		
BRANCHLEVELSTATUSCOMMENTS		BRANCHLEVELCOMMENT					
FINACELEVELSTATUS		FINANCELEVELCOMMENT					
FINALLEVELSTATUS		FINALLEVELCOMMENT					

Agent Signatory
Date: 11-Aug-2022

Authorized Signatory
Pon Pure Logistics Private Limited