SIORA SURGICALS PVT.LTD.

1649, 2nd floor, Main Bazar, Paharganj, New Delhi 110055.

Distributor/ Dealer Form

Firm's Name:_____
Address: _____
Contact Person:_____**Designation:** _____
Phone - Office:_____ **Mobile:**_____**Fax:**_____
E-mail: _____ **Website URL:** _____
Territory Coverage (Pl. Specify):_____
_____

- **Please attach last year's P & L account with Balance sheet**

Personnel Resources:

S.No.	Detail	No. of persons	Min. Qualification	Average Experience
1	Field Marketing			
2	Sales Support			
3	Adm. & Office Staff			
4	Accounts			

Other Details:

- Stocking Space: _____Sq. ft.; Value of Stock Held (US $):_____
- Value of Stock that you propose to hold for our products(US $):_____
- Banker Details:_____
- Branches at other places:

Market Coverage :

No. of Hospitals Serviced:_____ No. of Ortho. Surgeons Serviced:_____

(Amount in US $)

S.No.	Products Marketed	Make/ Manufacturer	Ann. Business	Est. Mkt. Share
	TOTAL			

Expected Business for our Product range (In US $)

S.No.	Products	Year 1	Year 2	Year 3	Present Business*
1	Ortho. Implants				
2	Ortho. Instruments				
3	Hip Prosthesis & Bipolar				
4	External Fixators				
5	Titanium Implants				
6	SS 316 L & SS316 LVM implants				
	TOTAL				

(* In case you are already marketing this product)