Registration Form – Mindware Company Prefix Please type or print in dark ink

| 1. | Name of Company with | | | | | |
|------|--|-----------------|--------|---|-----------------------|--|
| | Correspondence address (As per GST, to | | | | | |
| | Claim Input Tax Credit) | | | | | |
| | | | | | | |
| | | | | | | |
| | Country: | | | | | |
| | Tel. Nos.(Mention STD Code) | | | | | |
| | Fax No. – | | | | | |
| | | | | | | |
| | Web Site address: | | | | | |
| | PAN (Permanent Account Number) Date of Incorporation | | | | | |
| | VAT / TIN / GST Number | | | | | |
| 2. | Reasons for barcoding : | | | | | |
| ۷. | If buyers requirement (Mention Name of | | | | | |
| | Buyer, their Contact Name &Number) | | | | | |
| 3. | Contact Person For Correspondence: | | | | | |
| - | Designation: | | | | | |
| | Mobile No.: | | | | | |
| | Email : | | | | | |
| 4 | Name –Chief Executive/MD | | | | | |
| | Mobile No.: | | | | | |
| | Email: | | | | | |
| 5 | Name-Head IT: | | | | | |
| | Mobile No.: | | | | | |
| | Email: | | | | | |
| 6 | Name - Head Packagaing / Barcode | | | | | |
| | Implementation | | | | | |
| | (Responsible for Barcode Implementation) | | | | | |
| | Mobile No: | | | | | |
| | Email: | | | | | |
| 7 | Turnover of your Company of last | | | | | |
| | Financial year (Rs in Lacs) Would like to receive SMSs on mobiles: | | Van Na | | | |
| 8 | Total no. of different products | | Yes No |) | | |
| О | (SKU's manufactured / distributed) | | | | | |
| | Brand Names owned | | | | | |
| 9 | | provide regn. n | 0. | | | |
| 10 | Nature of Business | ☐ Manufactu | | | Distributor | |
| | (Please tick your primary business) | □ Exporter | | | Others please specify | |
| 11. | DD/ Pay order No. | Dated | Rs. | | Drawn on: | |
| | - | | | | | |
| Sign | ature & seal: | | | | | |
| | | | | | | |
| Nam | e :Designation | | | | | |
| | | | | | | |