

AKAVA PARTNERSHIP APPLICATION FORM

1. COMPANY DETAILS

Company Name: _____

Authorized Person: _____

Designation: _____

Company Address: _____

Mobile Number: _____

Email Address: _____

Website / Social Media (if any): _____

2. BUSINESS PROFILE

Type of Business:

Sole Proprietorship

Partnership

Private Limited Company

Other (Please specify): _____

Current Industry & Years of Experience: _____

Number of Employees: _____

Existing Products Distributed (if any): _____

Territory of Operation (City/Region/State): _____

3. INVESTMENT INTEREST

Amount Willing to Invest (in ₹ Lakhs): _____

Preferred Investment Model:

Online Distribution Rights

Regional Distribution Partnership

Retail Outlet Franchise

Other (Please specify): _____

Expected Return on Investment (ROI): _____

Funding Source:

Personal

Bank Loan

Investor Group

Other (Please specify): _____

4. INFRASTRUCTURE & CAPACITY

Do you have a warehousing facility?

Yes

No

Number of Delivery Vans Available: _____

Staff Dedicated to Sales & Distribution: _____

Past Distribution Performance (if applicable):

(List brands handled, achievements, or notable references)

5. STRATEGIC FIT

What makes you a suitable partner for Akava?

(Please explain your motivation, strengths, relevant experience, and how you can contribute to the growth of Akava.)