

DEALERSHIP APPLICATION FORM

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| 1. | Name of the Firm | |
| 2. | Proprietor/partners name | |
| 3. | Years of experience in analytical instruments business | |
| 4. | Last three years company turn over | FY 2005-06 – FY 2006-07 – FY 2007-08 – |
| 5. | What kind of equipment do you currently distribute and/or service? | |
| 6. | Number of full time employees and their qualification | |
| 7 | Willing to deploy manpower dedicated to LABMATE business | |
| 8. | Office address | Phone Number: Fax Number : e-mail ID : |
| 9. | TIN number/CST Number | |
| 10. | PAN Number | |

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| 11. | Geographical area covered at present | |
| 12. | Geographical area interested For LABMATE business | |
| 13. | Interested product group | |
| 14. | Estimated annual business for the FY 2008-09 (Product wise) | |
| 15. | Assured monthly/Quarterly business for LABMATE | |
| 16. | Willing to invest in demo systems | |
| 17. | Please specify the support required from LABMATE | |
| 18. | Bankers name and address | |
| 19. | Payment terms | |

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| 20. | In your view what are your strengths which can enable you to succeed in the analytical instruments trade? | |
| 21 | Name your top 10 customers | |

Signature & Name of the applicant:

Name of the Firm :

Place :

Date :

Note: Please enclose your organization profile information.