



Friday, 04 Apr 2025

To  
**The PRIME DISTRIBUTOR**

*Dear Sir,*

**GREEN CROSS REMEDIES** is proud to be a **QUALITY ORIENTED COMPANY** from the Prestigious PHARMA HUB of the Country.... **GUJARAT**. We are in the Industry and in the service of the ailing Human being for almost Two Decades with the vast range of Very HIGH QUALITY DRUGS for almost ALL the AILMENTS.

**Green Cross** and its 2 other Divisions are already in Market in nearly majority portions of the country and is in pursuit of adding Good, Professional Parties across the Country regularly and hence we are here in front of you.

The all required papers and forms are attached here with, please fill it up properly and hand it over to our Executive or send it back to us. You may call us on +91-9825795558 (Ashish Patel – Manager) , +91-9427477176 (Sanjay Thakur – Client Coordinator ). Send Customer Profile with full detail and the Photo Copies of Drug Licenses, GST No, Pan Card, Aadhar Card of All Directors and / Or Partners, while placing the Order as One of our honorable FRANCHISE DISTRIBUTORS.

We are sure you will feel honored to be an associate of **GREEN CROSS Group**. We assure you for ALL support from our end for YOU to carry out **SUCCESSFUL** operation in front of your esteemed Doctors.

Do reply us FAST to start one LUCRATIVE Business relation.

Thank You.

**GREEN CROSS REMEDIES**

Authorized Signatory.

**Contact Details :**

**Manager** – Mr.Ashish Patel – 9825795558

**Client Coordinator** (order and Dispatch) – Mr. Sanjay Thakur – 9427477176

**Directors:** Vipul Patel (B Pharm)– 09825380317

Rohit Patel (B Pharm)– 09825380365

Rutul Patel (B Pharm, MBA)- 09925469962

**Electronic Contacts:**

Telephone:+91-9427477176

Email: info@greencrossindia.com

greencrossremedies\_2003@yahoo.co.in

Website:www.greencrossindia.com

**Adm. Office:**

"Green Cross", DAWA FACTORY,

S.No. 206 P1,Sidhpur-Patan Road,

At Kanesara, Ta:Sidhpur-384151

Dist:Patn J. Gujarat J. India



AN ISO 9001-2008 CERTIFIED COMPANY

## *Terms & Conditions at a Glance*

### *Franchise Marketing Distributorship for your area.*

1. *Wide range of Pharma and Ayurvedic Products with wide therapeutic coverage.*
2. *Pricing of products on competitive **NET RATES** and **extra cash discount 3 %**.*
3. *Transport Freight Charge given by us if order is more than Rs.30,000 to the tune of 4%, any other Courier Charges or Special Request for any Special Transporters the charges shall be borne by you.*
4. *Call and Products Cards, Visiting cards, Visual Aids, M.R. Bags for a minimum First order of Rs. 25,000/-*
5. *Additional Visual Aids, Literatures, Glossaries, Pens, Key Chains, Pads, Drug Manuals, Gift Items provided at the original Cost price on your demand.*
6. *Maximum support shall be provided by us as and when required.*
7. *Special Prices or Free Goods may be considered on bulk purchases.*
8. *Online Company WhatsApp (9427477176/8320915132) for Quick Response. And Get Regular Updates of Products, Dispatch and other details.*

Remedies

Remedies

Trusted Quality Products From GCR

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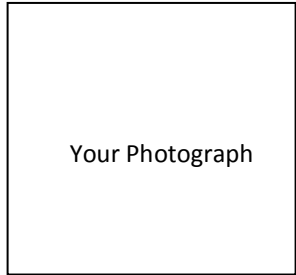
S.No. 206 P1, Sidhpur-Patan Road,

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Dist: Patan, Gujarat, India



## Customer profile



Your Photograph

(1) Name of firm : \_\_\_\_\_

(2) Address : \_\_\_\_\_

(3) City: \_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

(4) Phone No. :{0} ( \_\_\_\_\_ ) {R} ( \_\_\_\_\_ )

(5) Mobile No. :{1} \_\_\_\_\_ {2} \_\_\_\_\_

(6) E-mail Id. :{1} \_\_\_\_\_  
 {2} \_\_\_\_\_

**(7)Name of Partners & Residence Address : -**

[a] Name : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

[b] Name : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

[c] Name : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

(8) (a) Cotact Person Name : \_\_\_\_\_

(b) Designation : \_\_\_\_\_

(c) Career Summary : \_\_\_\_\_

(9) Drug License No. :{1} \_\_\_\_\_ {2} \_\_\_\_\_

(10) G.S.T.No: \_\_\_\_\_

(11) PAN No. : \_\_\_\_\_

(12) Bank Name : \_\_\_\_\_ Bank

Address : \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ PIN: \_\_\_\_\_ District: \_\_\_\_\_ state: \_\_\_\_\_

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AN ISO 9001-2008 CERTIFIED COMPANY  
 Accreditation Institute for Assessment Body (Europe)

**(13) Products Interests :**


**(14) Area Of Operation:**


**(15) Expectation Of Business:**

1	First Three Months	Rs. 90,000/-
2	Till 12 months	Rs.3,60,000/=
3	After One Year : + 20% per month	Rs.36,000/- x 12 months= Rs.4,32,000/-

**(16) Working System : (a) Self**

YES		NO	
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**(b) Professional Medical Sales Representative No.:**

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**(17) Your tentative investment for business:**

RS..
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**(18) Dealing with other Company If Any :**


**(19) Signature With Firm Stamp :**

Place & Date:

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**(Please fill up above profile form. And return to us as soon as fast.)**

**(This form is used only for Green Cross Remedies.)**

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## Terms, Conditions With Contract Paper

### **[A] Rate**

- 1) Net rates will be charged which are shown in the price list. net rates are exclusive of **GST** (goods and service tax).
- 2) Prices may be changed if price of raw materials drastically fluctuate without Notice and that shall be for whole industry.
- 3) We will provide extra cash discount 3 % on rate.

### **[B] Supply Delivery**

- 1) All orders shall be supplied subject to our confirmation on availability of stocks.
- 2) Company shall send the goods (consignment) through its nominated transporter & bear transportation (freight) expenses if minimum single order is of Rs.30,000.00 (basic amount with out tax) , or Minimum 4 % of invoice value shall be charged as the Transportation Cost of the Value of any order.
- 3) Goods may be dispatched by your nominated transport but in that case you have to bear differential cost. if materials are demanded by courier, the charges shall have to be borne by you.

### **[C] Drug License & Documents**

- 1) Valid drug Licence no, GST certificate, PAN Card or firm's or Personal, Key Person 's ADHAAR card must be submitted along with xerox (photo) copy of each along with the first order.

### **[D] Payment**

- 1) Goods shall be send (Dispatched) against 100 % advance payment only. (each order has to be accompanied with 100% advance payment) or to be transferred in Company's Bank Account on receipt of the Proforma Invoice.

### **[E] Samples**

Samples shall be chargeable at actual cost of Products. Outer Catch Cover shall be given Free of cost proportionate to Order Quantity

### **[F] Sales Promotion Material**

- 1) Sales Promotion materials like Glossary, any Literature about product, Visual Aids M. R. Bag etc are given FREE if the First Order Value is of Minimum Rs. 25,000/- .

### **[G] Right Of The Contract & Collection**

- 1) Right of contract and collection of cash / material is reserved entirely at our office. any one from the field staff (marketing & sales) is not authorized to enter into any such contract or collect cash or material. any understanding alike without the consent / permission of Green Cross HO is not binding to us. Any such dealing shall be dealt by YOU as personal and Company shall not be liable for it and the sole responsibility shall be of yours to pay to the company. Any such dealing shall be valid only when you have been authorized by HO through Company's mail.

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- 2) *Though the products of Green Cross shall be promoted by your field force but they shall have no direct or indirect link with Green Cross Remedies. Any claim for any dues of them concerning any payment due to them shall by no means be binding on us.*

## [H] Claims

- 1) *Goods once sold will not be taken back, since the supplies shall always be against YOUR order only and hence the Expiry claim too shall not be considered.*
- 2) *All goods are checked & packed under strict supervision & dispatched on consignee risk, hence claims for breakage, shortfalls etc, which may occur in transit should be made with the carriers. In case of heavy damage between Siddhpur & your destination, you will have to ask for an open delivery certificate from the transporters within 48 hrs of the delivery and submit to us for our consideration.*

## [I] Sale Target

1. *You have to effect a monthly purchase of **Rs. 30,000 /-** (per district) to be considered as a productive Party.*
2. *On completion of 12 months if this agreement is RENEWED, you have to add up 20% Additional business per month.*
3. *You are not permitted to sale beyond your allotted district/s if you effect sales beyond your allotted district/s and if other Stockiest complains with Proof about it, you may lose the rights as Franchise of the Company.*

## [J] Contract

- 1) *In this contract we are giving authorized person's signature. if you accept this contract please endorse your signature at purchaser bracket with your firm's stamp.*
- 2) *Without the receipt of the signed copy of the contract, your order shall be kept on hold.*
- 3) *In case of non fulfillment of the target in 12 months time the term may not be renewed.*

## [K] Jurisdiction

- 1) *All transaction & contracts are made subject to the jurisdiction of **SIDDHPUR** (North Gujarat) City court only.*

## [L] Above Contract Between

- 1) *This 12 months contract is between The Seller & Purchaser dated \_\_\_\_\_ point **A to L** & page **01 to 02** of total page **03**.*

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### Seller

<b>Company Name</b>	<b>Green Cross Remedies</b>		
<b>Address</b>	<b>1, Green Cross, Dawa Factory, S.No.:-206, Sidhpur-Patan Road, At:- Kanesara, Tal:- Sidhpur-384151, Dist:- Patan, Gujarat, India, Ph No:- +91 – 9427477176 (24 Inter Com Lines)</b>		
<b>Partners (Directors)</b>	<i>Vipul J.Patel</i>	<i>B.Pharm</i>	<i>09825380317</i>
	<i>Rohit R.Patel</i>	<i>B.Pharm</i>	<i>09825380365</i>
	<i>Rutul J.Patel</i>	<i>B.Pharm, MBA</i>	<i>09925469962</i>
<b>Stamp Of Company</b>	<b>Green Cross Remedies</b>		
	<b>Partner/Director/Authorized Person</b>		

### Purchaser

<b>Name Of Firm *</b>			
<b>Address Of Firm *</b>			
<b>Contact Info*</b>	<i>Phone No:</i>	<i>Mobile No:</i>	
	<i>Mobile No:</i>	<i>email id :</i>	
	<i>Mobile No:</i>	<i>email id :</i>	
<b>Names Of Partners *</b>	<i>1,</i>	<i>2,</i>	
	<i>3,</i>	<i>4,</i>	
<b>Drug Licence No. *</b>	<i>20B-</i>	<i>21B-</i>	
<b>FSSAI Licence No *</b>			
<b>GST No* #</b>	<i>[ ] Registered or [ ] Composition</i>		
<b>Pan Card *</b>	<i>Firm:-</i>	<i>Personal:-</i>	
<b>Aadhar Card No.* Of Key Person/s (Partner/s)</b>			
<b>Area Of Operation * District Wise</b>			
<b>Banking Info*</b>	<i>Bank Name</i>		
	<i>Bank Address</i>		
	<i>IFSC/NEFT Code</i>		

**Note:- \* - Must Required Field**

**# - If Un Registered In GST – Must Mention Unregistered.**

**Note: -**

**- The Original Copy Of this send back to us After Your Stamp & Signature**

**- After our sign & stamp we will send one photo copy this monopoly contract paper to you**

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