

**Vendor Registration Form-Products**

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| **Company Name** |  |
| **Address** |  |
| **GST No.** |  |
| **Contact Person Name** |  |
| **Contact No.** |  |
| **WhatsApp No.** |  |
| **Email Id** |  |
| **Website** (if any) |  |
| **Authorized Brands** |  |
| **Dealing Brand** |  |
| **Brands for Which You Can Offer the Best Prices** |  |
| **Brands for Which You Are a Stockiest** |  |
| **Top Selling Products (Without Brand Name)** |  |
| **From Which Locations do you expect Leads** |  |
| **Suggest Keywords** |  |

I confirm that the above information is accurate and complete to the best of my knowledge. I agree to the terms and conditions of IndMALL Direct Lead Services.

**Authorized Signature**

Name:

Designation: