



THE INDIAN MEDICAL PRACTITIONERS'S CO-OPERATIVE PHARMACY & STORES

(MULTI STATE CO-OPERATIVE SOCIETY) LTD., X-185

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(MANUFACTURERS OF GENUINE SIDDHA, AYURVEDA & UNANI MEDICINES)

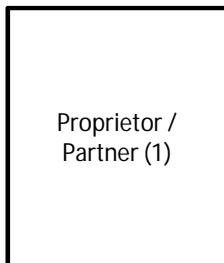
PLATINUM JUBLEE YEAR 1944-2019

GMP CERTIFIED INSTITUTION

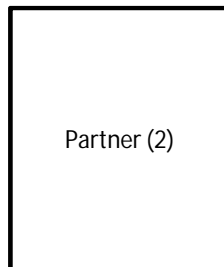


**RENEWAL APPLICATION FOR DISTRIBUTOR FOR DISTRIBUTING IMPCOPS PRODUCTS
FOR THE PERIOD FROM 01.11.2021 TO 31.10.2024**

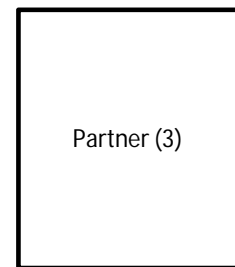
- 1 Name of the Distributor -
- 2 (a) Name of the Proprietor & S/o or D/o -
(b) If partnership -
Partner (1) -
Partner (2) -
Partner (3) -
- 3 Communication Address -
if any Changes with valid Proof
- 4 Telephone Number -
(*)Cell Number -
E-mail id -
- 5 (*)GST Number -
- 6 (*)PAN Card No -
- 7 Recent Passport Size Photo of the Proprietor / Partner -



Proprietor /
Partner (1)



Partner (2)



Partner (3)

I / We request you to extend the Distributorship of IMPCOPS given to Me/Us for further period of three years from 01-11-2021 to 31-10-2024 and I/we hereby agree to abide the Terms and conditions of IMPCOPS in this connection.

NAME :

PLACE :

DATE :

Signature of Proprietor with seal