

**THE TAMILNADU CO-OPERATIVE MILK PRODUCERS' FEDERATION LTD.
CORPORATE OFFICE :: MARKETING UNIT**

No.3A, Pasumpon Muthuramalinganar Salai, Nandanam, Chennai – 600 035

**SPACE FOR
AFFIXING
PHOTO**

APPLICATION FOR MERCHANT EXPORTER

Applied for the Country of.....

Name of the Company and address	
Name of the Proprietor / Partner/M.D. of the Company (Copy of Registration / Partnership deed)	
Nature of Existing business/Experience in the Field	
GST No. /PAN No. (Copy of document to be attached)	
Contact Details: (a) Mobile phone number (b) Landline number (c) Email Id (d) Website, if any	
Import /Export Code No: (Photocopy to be attached)	
Bank Details: Account No:	

Type of Account: (Bank Passbook Copy to be enclosed)	
Name of the Importer, Address and Contact number in the country for which application is given:	

DECLARATION

We certify that the details / information furnished above are true to the best of our knowledge and we are also aware of the fact that our application for the agency will be rejected / agency awarded will be terminated if any of the above details / information are found to be wrong at a later date.

SIGNATURE OF THE APPLICANT

Date:
Place:

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