

**Department of Fertilizers, Government of India**  
**WHOLESALE / RETAILER REGISTRATION FORM**

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**Dealer Type:** Wholesaler ( ) / Retailer ( ) (Please ✓)

Sl.	Item	Information in mfms database	Information now filled or revised
1	Agency Name		
2	Dealership Nature		
3	License Number		
4	License Issue Date		
5	License Expiry Date		
6	PAN Number		
7	TIN Number		
8	UID –AADHAR Number		
9	Storage Capacity		
10	Address Line 1		
11	Address Line 2		
12	State Name		
13	District Name		
14	Sub-District Name		
15	Village Name		
16	Pin code of Location		
17	Mobile Number		
18	Alternate Mobile No.		
19	Concerned Person Name		
20	Responsibility		
21	Phone no. with STDcode		
22	Fax Number		
23	Email		
24	Form 'O' Details on Page-2		
25	Bank Name		
26	Bank Branch		
27	Bank Account number		
28	Bank MICR Code		
29	Bank IFSC Code		
30	Is Core Banking		
31	Is Seed Supplier		
32	Is Pesticide Supplier		
33	Is Bio-Fertilizer Supplier		
34	Is Urban		
35	Agency Block Name		
36	Agency Panchayat Name		

**Note :** Attach self signed photo copy of License and PAN card

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_

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**Dealer Type:** Wholesaler ( ) / Retailer ( ) (Please ✓)

**Agency Name :**

**Serial No. 24 of Page-1 : Form 'O' Details (To be filled)**

Sl.	Item	Information in mfms database	Information now filled
i	Supplier Name		
	Form 'O' Number		
	Form 'O' Issue Date		
	Form 'O' Valid Upto		
ii	Supplier Name		
	Form 'O' Number		
	Form 'O' Issue Date		
	Form 'O' Valid Upto		
iii	Supplier Name		
	Form 'O' Number		
	Form 'O' Issue Date		
	Form 'O' Valid Upto		
iv	Supplier Name		
	Form 'O' Number		
	Form 'O' Issue Date		
	Form 'O' Valid Upto		
v	Supplier Name		
	Form 'O' Number		
	Form 'O' Issue Date		
	Form 'O' Valid Upto		
vi	Supplier Name		
	Form 'O' Number		
	Form 'O' Issue Date		
	Form 'O' Valid Upto		
v ii	Supplier Name		
	Form 'O' Number		
	Form 'O' Issue Date		
	Form 'O' Valid Upto		

**Instructions to fill or revise data**

- Sl No.2 : Write one out of State Mktg Federation / Distt Coop Society / PACS / Private wholesaler / Private Retailer / Company Outlet / Any Other (Pl. Specify) .....
- Sl.No.4,5,24 : Write Date in Day-Month-Year dd-mm-yyyy format
- Sl.No.9 : Write one Measuring Unit (Bags/MT/Sq Feet) with the figure
- Sl.No.20 : Write one out of Proprietor / Partner/ Manager / Karta /Other(Pl. specify)
- Sl.No.30 to 34 : Write Yes or No

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_