



Visioncare Certification

Registration Form – GS1 Company Prefix

Please type or print in dark ink

1.	Name of Company with Correspondence address			
	Country:	INDIA		
	Tel. Nos.(Mention STD Code)			
	Fax No. –			
	Web Site address:			
2.	Reasons for barcoding : If buyers requirement (Mention Name of Buyer, their Contact Name & Number)	SHOPPING MALLS		
3.	Contact Person For Correspondence:			
	Designation:			
	Mobile No.:			
	Email :			
4	Name – Chief Executive/MD Mobile No.: Email :			
5	Name-Head IT: Mobile No.: Email:			
6	Name - Head Packagaing / Barcode Implementation (Responsible for Barcode Implementation)			
	Mobile No:			
	Email :			
7	Turnover of your Company of last Financial year (Rs in Lacs)			
	Would like to receive SMSs on mobiles:	Yes		
8	Total no. of different products (SKU's manufactured / distributed)			
	Brand Names owned			
9	Is your company registered with SSI	If yes provide regn. no.		
10	Nature of Business (Please tick your primary business)	<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Distributor
		<input type="checkbox"/> Exporter		<input type="checkbox"/> Others please specify
11.	DD/ Pay order No.	Dated	Rs.	Drawn on:



We have gone through the Terms & Conditions for use of GS1 Company Prefix and agree to abide by them.

Signature & seal:

Name :

Designation