



Cell Laboratories (Private) Limited

Serving for healthier life.....

PROMOTIONAL ACTIVITY FORM

Name: _____ City/Area: _____ Date: _____

Customer's Information

Doctor's Name: _____ Cell No.: _____

Address: _____

Products Prescribed: _____

Time Period for Activity: _____

Average Business P/M: _____ Expected Business P/M: _____

Previous Activity Value: _____ Previous Activity Date: _____

Activity Details

New Activity Revised Activity Percentage: _____

Amount of Activity: _____ Cash/Cheque/Online: _____

Bank Details for Cheque

Account Title: _____ Sign SPO/SSPO/SE: _____

Account Number: _____ Sign AFM/DFM/SDFM: _____

Bank Name & Br.: _____ Sign ASM/RSM/SRSM: _____

Approved By: _____