



# Request for Business Information

BIC Membership Number

Name .....

Address .....

Tel Land .....

Cell .....

Fax .....

Email .....

Location of Operation District..... Gov Jana Seva Area .....

Agro Ecological Zone .....

Type of Operation

Producing		Processing		Trading		Other #	
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# Specify

Type of Commodity(s) .....

Description of the Commodity

No	Character	Average	Range		Remarks
			Min	Max	

Assistance of NAC/BIC sort for .....

Description of the Issues .....

Expected results .....

(Do not Write Below this Line)

Date of Request of information

Action Taken

Handle By