



APPLICATION FORM

DEALER  DISTRIBUTOR  CNF

Location Required: \_\_\_\_\_

District: \_\_\_\_\_

State: \_\_\_\_\_

Paste a  
passport size  
photo of the  
applicant

NOW YOU APPROACHED US?

(A) News Paper Advt. : Name of News Paper. \_\_\_\_\_ Date : \_\_\_\_\_

(B) Reference. : Name of Reference. \_\_\_\_\_

DETAILS OF THE APPLICANT:

1. Name of the applicant : Mr. IMrs. IMs. IMIs.   
(IN BLOCK LETTERS)

2. Father's/Husband's Name :

3. Permanent Address \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_

Pin Code : \_\_\_\_\_

4. Telephone No. with STD Code: \_\_\_\_\_ No.(Office) : \_\_\_\_\_

(Residence) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email ID \_\_\_\_\_

5. DOB:          
(OO, MM, YY)

6. Details about your profession and income:

a) Are you a businessman  Service  Professional

b) Your annual income turnover Rs. \_\_\_\_\_

c) Your investment capacity:

- (I) Rs. 250000/- - to Rs.500000:
- (II) Rs.500000/- -to Rs. 1000000:
- (III) Rs.1000000/- -to Rs.2000000:
- (IV) Rs. 2000000/- - & above

7. Please provide details about your business. \_\_\_\_\_

---



---



---



---

8. If the Distributorship is allotted to you, how much time you need to invest?

7days                      15 days                      30 days

I hereby certify that all the information given by me in this form is true & if found false the Company May Cancel my allotment (if allotted) as per its policy in force.

**DECLARATION**

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

Signature