	Dealers	hip/Retailer A _l DETAILS OF		n Form				
1	Name Of Firm							
2	Address							
3	Contact No.	Phone:	Mobile:	Mobile:				
		Fax :						
		E-mail:	Website:					
4	Contact Person							
5	Corporate Status	Public Ltd. / Pvt. Ltd. / Partnership / Proprietary						
6	Functioning Since							
	L	FINANCIAL STA	NDINGS					
	Capital Investment	Total : R	As.					
1		Working Capital : F	Rs.					
		To be Invested : R	As.					
2	Name of the Bankers							
3	Bank Account No.							
4	C.C. Limit							
1	Sales Tax Registration/ GST no	Central:						
5		State :						
6	Financial year ends on							
7	Annual Turnover of the Firm							
8	Approx. Total Value of Fixed/Variable Assets owned by Firm							
9	Products Handled	Product	Brand	Monthly Avg. Sales (Last Yr.				
				Unit - Nos.	Turnover (In Lacs)			
10	Consumer, Institutional Financial facilities		<u> </u>					

11	Any other business										
SELLING ORGANISATION											
1	Name of Shop In charge	2									
2	No. of Sales Staff										
3	No. of Demonstrators / Canvassers										
SERVICING SET-UP											
1	No. of Mechanics/Electricians										
2	No. of Mechanics experienced in Servicing Appliances	of									
SALES POINT											
1	Location	Resid	Residential / Wholesale Market / Retail Market / Main Road								
2	Size		Frontage: Depth: Total Area:								
STOCK POINT											
1	Do you have own godov	vn Withi	Within / Away from sale point								
2	Location										
3	Size	ize Width: mtrs. Total Area: Sq.mtrs.									
	RELA	TIVES IN	THE C	OMPA!	NY, IF ANY						
Sl.No	o. Name	Des	ignation		Address Rela		ationship				
1.						<u> </u>	_				
2.											
3.											
4.											
DECLARATION											
I / we certify that the foregoing information is correct and complete to the best of my / our knowledge and belief											
DATE:											
PLACE:											
(SIGNATURE / SEAL OF APPLICANTS)											