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APPLICATION FOR DEALERSHIP/DISTRIBUTORSHIP

Name of the Firm	: _	
Address	: :	
Telephone/Mobile No. Fax No. E-Mail ID	: :	
Status of the Firm	: Proprietorship/Partnership/Private Ltd. /Limited Co.	
Name of Contact Person	<u>:</u>	
Tin No. (Local) (Central)	<u>:</u>	
Experience in Automobile	:	
Financial Status	:	
a) Own Investment b) Bank Finance	: Rs: : Rs	
Name of the Bank (S)	<u> </u>	
Investment Proposal for	: Security Deposit Rs : Vehicle Stock Rs : Spare Parts Rs	
Territory Required	:	
Infra-Structure (Area)	: Show Room Area	

Man Power	: Sales : Service	NosNos.
Mode of Advertisement	:	
Expected Sales Per Month	:	
BEST TO MY/OUR KNOW DEALER-SHIP CONTRAC	LEDGE AND CAN BE TAK	RM THE ABOVE DETAILS ARE TRUE AND EN FOR CONSIDERATION WHILE RENEWING
Signature	:	
Name of the Signature	:	
Enclosures	: Copy of Sales Tax Registra : Copy of Partnership Deed i : Copy of MOA if applicable	f applicable.

: Two photographs of Showroom

: Two Photographs of Propriter or Partner or Directors : Bank A/C Proof alongwith six month bank statement.

: Photocopy of PAN Card

: ITR of Last 3 years.