

# DEALERSHIP APPLICATION FORM

Affix passport  
size  
photograph  
and sign  
across

Application Form No .....

Code: .....

- A.** Name of the Applicant: .....
1. Name of the Firm/Shop: .....
2. Address of the Firm/Shop: .....  
.....
3. Phone No. (With STD code): ..... Mobile No: .....  
Fax No. : ..... E- mail: .....
4. Details of Bank A/c. :
- a) Name and address of Bank: .....  
.....
- b) Type of A/c. (tick✓): Savings  Current  Other (Please specify): .....
- c) Account No. : .....
- d) Name of authorised signatory: .....  
(Attach last six month's Bank Statement)
5. Name of firm/company under which dealership exist :

S. No	Company Name	Products	Quantity	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				

6. Status of firm (tick✓): Proprietorship  Partnership  Limited Company  Private Ltd. Co.

(For partnership firms enclose copy of partnership Deed for Companies Memorandum Articles of Association)

7. Details of Proprietor/Partners/Directors:

Sl.	Name	Date of Birth	Father's/Husband's name	Marital status
1.				
2.				
3.				
4.				

8. Name and address of associate firm(s): .....

9. Turnover: .....

10. Details of Security Deposit: .....

DD/Cheque No.: .....

Date: ..... Amount: .....

Bank: .....

Payable at: .....

**B.** 1. Last three years turnover of your firm (in Rs. Lacs/Cores)

(i)..... (ii)..... (iii).....

2. Please indicate how much you wish to invest in this dealership/distributorship (in Rs. lacs): .....

3. Are you a registered dealer? Yes  No

(a) Sales Tax registration No:\_\_\_\_\_ (b) GSTIN :\_\_\_\_\_

**C.** 1. Indicate number of persons employed in your firm (including active partners):\_\_\_\_\_

**D.** 1. Do you have godown facility? Yes  No

2. Indicate size and capacity of godown.

3. Address of godown: .....

Attach copy of Pesticides/Insecticides/Fertilizers license.

4. Expected Minimum sales per month :.....

Place: .....

Date: .....

Signature of the applicant(s)

(with rubber stamp)

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Date:

To,

Anand Agro Care.

## DECLARATION

I/We do hereby declare that the information furnished herein is correct to the best of my/our knowledge and belief. For any incorrect information/mis-information furnished herein and for non-compliance of company's policies formulated from time to time, I/We agree that:

1. The Company shall have the absolute right to reject my/our application for appointment as dealer.
2. The Company reserves the right to terminate my/our dealership without any notice and assigned any reason.
3. The Company shall have the right to forfeit or adjust the whole or part of my/our Security Deposit with them in the manner they may deem fit.

Signature of the applicant(s)

(With rubber stamp)

**FOR OFFICE USE ONLY**

Comments of sale promoter Agent/Area Manager

Application form No: .....

Code: .....

1. Location of business/premises: \_\_\_\_\_.
2. Godown capacity :  
(a) Area in sq. feet: ..... (b) Capacity in bags: .....  
(c) Construction: Permanent  Temporary
3. Experience and capability :
4. Financial standing and capability to invest :
5. Market reputation and credibility : Excellent  Very good  Good  Average  Poor
6. Business potential of party: (Estimated sales/month): .....
7. Total market potential of the area: ..... /month
8. Assurance of minimum turnover: ..... /month
9. Approximate number of competitors stockist's in the area/town (major competitors):
  
10. No. (Name of the dealer): .....
11. Interests and hobbies of the dealer: .....
12. Special achievement: .....
13. Credit limit: .....

**Remarks (if any)**

Signature: .....

Name: .....