



VIVEK ELECTROPLAST PVT. LTD. - APPLIANCE DIVISION,
PLOT NO. 564/B, MMAA HOUSE, WALBHAT ROAD,
GOREGAON (EAST), MUMBAI - 400063. INDIA

APPLICATION FOR DEALER / DISTRIBUTOR REGISTRATION*

DEALER STATUS : DEALER
 BRANCH TOWN DISTRIBUTOR
 UPCOUNTRY DISTRIBUTOR

PASSPORT PHOTO

1. COMPANY NAME : _____

2. CONTACT PERSON NAME : _____

3. CONTACT PERSON MOB. : _____

4. REGISTERED ADDRESS : _____

5. TELEPHONE NUMBERS :

--	--

FAX NOS. :

--	--

CELL PHONE NO. :

--	--

EMAIL ID :

--	--

6. DATE OF COMMENCEMENT OF BUSINESS : _____

7. INCOME TAX PAN NO. : _____

8. GOODS & SERVICES TAX NO. :
(GSTIN)

9. TYPE OF BUSINESS ENTITY : SOLE PROPRIETORSHIP
 PARTNERSHIP
 PRIVATE LTD. CO.
 PUBLIC LTD. CO.
 OTHER (TO SPECIFY)

(PLEASE ENCLOSE COPY OF : M/A IN CASE OF CO'S.,
ORIGINAL STAMPED PARTNERSHIP DEED IN CASE OF
PARTNERSHIP FIRM, I/T RETURN IN CASE OF PROPRIETORSHIP)

10. FULL DETAILS OF : PROPRIETOR

	PARTNERS
	DIRECTORS

NAME	HOME ADDRESS & TELEPHONE NUMBER	QUALIFICATION	OWNERSHIP	INVOLVEMENT IN FIRM / COMPANY

11. BUSINESS HISTORY :

Specify dealership and other business. In case some more dealership are in the name of your sister concerns or associations, please give details.

SR.NO.	DEALERSHIP	MANUFACTURE / SUPPLIER NAME TO DEALERSHIP	SINCE (YEAR)	PRODUCT GROUP	ANNUAL GROSS TURNOVER	%AGE TD

DETAILS FOR SISTER CONCERN :						
		NAME :				
		RELATIONSHIP WITH APPLICANT:				

DETAILS OF PAST BUSINESS :						
		PERIOD :				

DETAILS OF NON-DEALERSHIP BUSINESS (IF ANY) :

--

12. TERRITORY IN WHICH YOU PROPOSE TO OPERATE :

TOWN : _____
DISTRICT : _____
STATE : _____

13. DETAILS OF PRESENT MANAGERIAL AND SALES STAFF :

SR.NO.	NAME & POSITION	QUALIFICATION	NO. OF YEARSOF EXPERIENCE	SALARY	RSPONSIBILITY

14. SHOWROOMS : (PLEASE TICK) :

	SHOWROOM 1	SHOWROOM 2	SHOWROOM 3
IN MAIN MARKET AREA (YES / NO)			
FACING MAIN ROAD			
OFF MAIN ROAD IN A LANE			
ADDRESS			
FRONTAGE OF SHOWROOM IN FT.			
AREA (SQ. FT.)			
%AGE DISPLAY PROPOSED FOR VIVEK ELECTROPLAST PVT. LTD.			

(PLEASE ENCLOSE SHOWROOM PHOTOGRAPHS & A ROUGH LOCATION MAP OF SHOWROOM RELATION TO THE CITY / TOWN.)

15. WAREHOUSE : (PLEASE TICK) :

	W/H 1	W/H 2	W/H 3
LOCATION			
TOTAL FLOOR AREA (SQ. FT.)			
WHETHER COMPLETELY WATER PROOF / FIRE PROOF			
%AGE AREA FOR VEPL			

16. BANK DETAILS :

BANK NAME & ADDRESS	PHONES NOS.
A/C NOS.	
THE APPLICANT UNDERTAKES TO PROVIDE ADVANCE INTIMATION TO VEPL BEFORE CLOSURE OF ANY BANK ACCOUNT FROM WHERE CHEQUES HAVE BEEN ISSUED.	CONTACT PERSON

TYPE OF LOAN	AMT. (IN LACS)	INTEREST (%)	SECURITY PROVIDED
--------------	----------------	--------------	-------------------

CC / OVERDRAFT			
LETTER OF CREDIT			
BANK GUARANTEE			
TERM LOAN			

LUDE BANKER'S LETTER

17. FUNDS / EXTRA FUNDS MADE AVAILABLE TO VEPL BUSINESS (IN RS. LACS) :

OWN : _____ OTHER (SPECIFY) : _____
 BANKS : _____

18. AMOUNT OF SECURITY DEPOSIT TO BE PAID TO VEPL FOR DEALERSHIP

***RS.** _____

(PLEASE INCLUDE LAST 2 YEARS AUDITED BALANCE SHEETS)

19. REFERENCES :

SR.NO.	NAME	ADDRESS & TEL. NO.	OCCUPATION
1			
2			
3			

<p>I/WE CERTIFY THAT THE INFORMATION GIVEN IN THE APPLICATION FORM IS CORRECT AND COMPLETE.</p> <p>FURTHER, THIS TO AUTHORISE VEPL TO VERIFY OUR / TRADE CREDENTIALS.</p> <p>APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY TO PAY VEPL INVOICES IN ACCORDANCE WITH AGREED UPON TERMS</p> <p>DEALER AGREEMENT WILL BE SIGNED WITHIN</p> <p>THREE MONTH OF APPOINTMENT</p> <p>SUBJECT TO JURIDICITION AT BRANCH AND MUMBAI</p>	<p>NAME & SIGNATURES OF AUTHORIZED SIGNATORY WITH OFFICIAL SEAL.</p> <p>NAME _____</p> <p>DESIGNATURE _____</p> <p>SIGNATURE _____</p> <p>OFFICIAL SEAL _____</p> <p>WITNESS SIGNATURE : NAME & ADDRESS _____</p> <p>DATE : _____ PLACE: _____</p>
---	--

**20. LIST OF ENCLOSURES :
(IN PHOTOCOPY)**

- (A) copy of firm's partnership deed
- (B) copy of cst/st no. certificate
- (C) banker's letter of reference
- (D) last 2 yrs. Balance sheet
- (E) pages 1 to 4 of dealer/ distributor registration form
- (F) copy of shop license
- (G) passport size photo of owner's