

APPLICATION FORM FOR DURA AUTOGAS ALDS DEALERSHIP

Application For - Town : State :

A. GENERAL

1 Name of the proposed Firm :

2 Address for correspondence :

PIN Code :

3 Telephone Numbers- STD Code :

Office :

Residence :

Mobile :

4 Fax Number :

5 E-mail address :

B. DETAILS OF PROPOSED FIRM

1 Constitution : Proprietary / Partnership / Private Ltd. Co. /Public Ltd. Co. (Tick)

2 Particulars of Principal Person and Partners / Directors and other responsible person(s) for the proposed Dura Autogas Franchise:

Name	Age	Qualifications	Business(es)	No. Of Years	Turuover*	Relation to Principal Person
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* Annual turuover for the latest year in Rupees Lakhs. Attach details of business seperately.

Guideliness :

a) Please type your reply.

b) Use extra sheets wherever required

c) Please attach passport size photograph of proposed principal person and other major partner(s)

d) Please fill in the form completely.

D. DETAILS OF CURRENT BUSINESS

List of major products being manufactured / traded in your current business :

Product	Name of Company	Annual turnover	Ayg. Stocks	Existing bank
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E. FINANCE

Your Estimate of Investment for the franchise :

	Amount Required (Rs. Lakhs)		
	Own contribution	Borrowing	Total
Fixed Assets (Showroom, Workshop, equipment, etc.)			
Working Capital			

Total Investment

Supporting documents will be required during meeting

