

DEALER APPOINTMENT APPLICATION FORM

1. Company / Business Information

- Business Name :
- Registered Address :
- Business Registration No :
- Date of Registration
- Type of Business: ☐ Sole Proprietor ☐ Partnership ☐ Private Ltd ☐ Other

2. Contact Details

- Contact Person :
- Designation:
- Mobile No:
- Telephone No:
- Email:
- Website (if any)

3. Business Profile

- Nature of Business:
- Year in Operation:
- Current Product Lines Handled:
- Number of Employees :
- Annual Turnover:
- Market Coverage Area:

4. Proposed Products to Deal

(Please tick relevant)

- ☐ Air conditioners
- ☐ Household Appliances
- ☐ Consumer Electronics

5. Infrastructure Details

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| - No of Outlets | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - No of work House facility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - No of Delivery Vehicle | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Showroom Facility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - No of staff | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Sales Rep facility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6. References

- Existing Dealership or Brand represented
- Any prior dealing with our organization

7. Documents to attach mandatory

- ☐ Copy of Business Registration
- ☐ VAT/TAX Registration Copy
- ☐ Bank Details letters
- ☐ Company profile
- ☐ Trade Reference

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that false or misleading information may lead to rejection or cancelation of the dealership.

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Signature of Applicant

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Date