

Dealer Application Form of
Master White label and White Label



Affix Photograph of
Authorized
Signatory

Application to the position of **DEALER**

Town/City : _____ District: _____

Location of Shop: _____

DEALER PERSONAL DETAILS:

Name of Dealer _____

Background Business : If Yes then Distributor Dealer Others
 Job Not Employed

Full Address _____

D.O.B. ___/___/___ Landline No _____

Mobile _____ FAX No _____

Married Yes No If Yes then Anniversary Date ___/___/___

Last Qualification Post Graduate Graduate Under Graduate Basic Schooling

Languages Known Hindi English Mention Local/Other: _____

Email _____ @ _____

Computer Knowledge MS Office Software Applications Others

Residential Status Local Migrant

Franchisee Shop Status Own Shop Leased Shop

Daily Shop Management Self Family Relatives Employee

Team Handling Yes No

Overall Experience Above 6 yrs. 3-6 yrs. Below 3 yrs.

Family Details

S. No	Relationship	Name	Age	Occupation
1	Father			
2	Mother			
3	Wife			
4	Child 1			
5	Child 2			
6	Child 3			

DEALER BUSINESS DETAILS (if he is running his own company):

Company Profile: Proprietorship Partnership Pvt. Ltd. Others

FINANCIAL DETAILS:

Investment Capacity > 2 Lacks 1-2 lacks below 1 lacks

Source of Funds Own Funds Borrowed (FIIs/ Bank/ Others)

Previous Annual Business Turnover > 15 lacks 10-15 lacks 5-10 lacks Below 5 lacks

I confirm that the information provided by me in this application form is accurate and correct.

_____ (Signature of the DISTRIBUTOR)

Date:- ___/___/___ Place:_____