

**Dealer Application Form of**  
**Dealership**



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:\_\_\_\_\_