## ANDREW YULE & COMPANY LIMITED ELLECTRICAL DIVISION-KOLKATA OPERATION

## **DEALERSHIP APPLICATION FORM**

I. PARTICUI	ARS OF THE FIRM INTEREST	ED FOR DEALERSHIP:	-
i)	NAME (in block letters):		
ii)	DATE OF INCORPORATION:		
iii)	FULL ADDRESS: a) Registered Office –		
	b) Mailing Address -		
	c) Phone Nos -		
	d) Fax Nos -		
	e) E-mail Nos -		
iv)	OWNERSHIP DETAILS -		
	a) Proprietary/Partnership/ Privat b) Names of Proprietor/Partners/		ldress
	Name	Address	Educational Qualification

	Name	Address	Educational Qualification
i)			
ii)			
iii)			
iv)			

## 2. DETAILS OF EXISTING BUSINESS -

i) DETAILS OF PRODUCTS HANDLED -

DE IT (IEO OI T I RODOOTO II) (IIDEED					
	Products	Principals	Dealing Since	Annual Turn Over for last 3 Yrs.	
i)					
ii)					
iii)					
iv)					

- ii) ATTACH PHOTOCOPIES OF AUDITED P&L AND BALANCE SHEET FOR LAST 3 YEARS -
- iii) WHETHER ANY PRODUCTS HAVE BEEN DISCONTINUED DURING LAST 3 YRS AND REASONS THEREOF.

1 1	ME OF BANK	BRANCH		RESS	PHONE/FAX	LL AS FULL ADDRESS X E-mail
i/						
ii/						
iii/						
ii) TYPE C	F ACCOUNT/ACC			REDIT LIMIT		
	NAME OF BANK	_ = =	PE OF COUNT	ACCOUN	T NUMBERS	CASH/CREDIT LIMIT
i/	77,4012 01 27,441	7.0				
ii/						
iii/						
i) SALES	S ON STATUT S TAX REGN I	NUMBER				
	CENTRAL REGN N	NO. DA	TE	STATE RE	GN NO.	DATE
ii) SFRVI	CE TAX & VA	T REGN N	NUMBE	R & DAT	F-	
	SERVICE TAX RE		ATE		EGN NO	DATE
i)	S OF INFRAS OFFICE S					(Sq Ft)
ii)	NUMBER	NUMBER OF PERSONS EMPLOYED				
iii)	NUMBER	OF ENG	G/TECH	H. HAND	S	
	CULARS RELE	EVANT TO	O PROF	POSED D	EALERSHI	P –
S. PARTIC						
6. PARTIC	PRODUC <sup>-</sup>			``	mark)	
	[a] MINING S [b] HT SWITC [c] LT PRODL	WITCHGEAF HGEAR SPA	R SPARES	``	· mark)	
	[a] MINING S [b] HT SWITC [c] LT PRODU O/L Relays, MC	WITCHGEAR CHGEAR SPA JCTS- (Conta CCBs & Starters)	R SPARES ARES actors	8	ŕ	UP DEALERSHI

Rs..... Lakhs

IV)	NAME AREA/CITY YOU	PREFER FOR THE DE	-ALERSHIP -		
v)	NAMES OF YOUR PRIN	CIPAL CUSTOMERS -	-		
vi)	YOUR PLAN, IF ANY, TO OVER & ABOVE THE EX BUSINESS —				
vii)	PLEASE INDICATE THE AMOUNT WHICH YOU CAN INVEST FOR PROMOTION OF OUR SUBJECT ITEMS IN THE ASSIGNED AREA.				
	Rs	Lakhs			
viii)	BUSINESS REFERENCE (	Two Referees) –			
	SI Name with No. Designation	Detailed Address	Contact Phone/Fax/ E-mail Nos.		
	1/				
	2/				
ix)	ARE YOU READY TO FURN NATIONALISED BANK, DEI TTED YRLY BUSINESS. [/	PENDING UPON THE VO			
x)	ANY OTHER DETAILS WHI				

I hereby declare that various particulars furnished by me against the respective points above are true and genuine to the best of my knowledge.

Place:	Signature
Date:	Name (in block letters)
	Designation
	Office Stamp/Date

## NOTE:

- i) Please fill up the Dealership application Form in duplicate and send back to signed/stamped and us duly filled in.
- ii) All the points should be filled up properly. In the event of non-filling any point the form may be treated as cancelled.
- iii) In case you feel extra sheets can be attached to furnish details, wherever required.
- iv) Each page of the Form must be initialed and stamped by the authorized signatory.
- v) Any particular(s) if found not true or genuine, at the later date prior to your appointment as our Dealer, the Form will be ignored and your application will be terminated.