



APPLICATION FORM FOR DISTRIBUTORSHIP		
Particulars	CHOICE - I	CHOICE -II
AREA		
DISTRICT		
STATE		

**1. PERSONAL DETAILS**

Name of applicant :	
Contact Address	( PHOTOGRAPH)
District:	
State:	
Educational qualification:	
Professional qualification:	
Date of Birth:	
Tel:	
Mobile:	
Fax:	
Email	

**2. PROFESSIONAL DETAILS**

No	Organization Name	Nature of Organization	Type of Business	No. of years of operation	Type of customers
1.					
2.					
3.					

Office Address & phone Nos:			
Annual turnover	2011-12	2012-13	2013-till date

**3. If any of the business related with LPG? Please Describe?**





4. Have you ever dealt with LPG or any of the products related to LPG or catered to the customers using LPG? Give Details?


5. How will you market Gas One, if distributorship is awarded to you?


I declare that the above information provided by me is true and correct.

I acknowledge that this is only a application form and not an agreement/contract. Divine Enterprises has a right to accept /reject my application at any stage without giving any reasons. I hereby attaching a draft of Rs \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ bank towards non refundable deposit for CCOE license fee to Divine Enterprises.

Place

Stamp

Signature

Date:

(Name in block Letters)

Attachment to be made:-

1. Pan Card/ Driving license / Address proof/ Office address proof / Electricity bill.
2. Document Related to the commercial showroom place where you want to set up the business.
3. Land documents with layout plan for proposed godown.