

DISTRIBUTOR APPLICATION FORM

Town Applied for

1. Name of the Company

2. Registered Office Address

3. Phone (s) STD Code Ph. No.

 Fax No. Mobile No.

4. Name & Residential Address of the Proprietor

5. Phone (s) STD Code Ph. No.

 Fax No. Mobile No.

6. Personal Data

Name of the Proprietor & Family Members	Qualification	Age	Date of Birth	Occupation	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Other Important Dates (Like Anniversaries, Etc.,)

Occasion	Date
<input type="text"/>	<input type="text"/>

8. Names of social organizations or clubs of which you or anyone in your family are members?

Name of Social Organisation	Family Members
<input type="text"/>	<input type="text"/>

9. Current Business / Activities

Name of your Company / Firm	Type of Organisation*	Type of Business	Date of Commencement of each business

*State whether proprietorship / partnership / private limited / public limited / others

Name of Company / Firm	Companies Represented	Products & Brands	Territory Covered	Turnover Per Month

10. Current Infrastructure (Please use additional sheets if required)

a.

Location of Showroom / Branch	Total Area (Sq. ft)

b.

Availability and No. of Telephone Lines / Fax Lines / Computers				
Tel :	Yes : <input type="checkbox"/>	No : <input type="checkbox"/>	No. of lines.....	Tel. No(s)
Fax :	Yes : <input type="checkbox"/>	No : <input type="checkbox"/>	Fax No.....	
Computer :	Yes : <input type="checkbox"/>	No : <input type="checkbox"/>	No. of lines.....	

*State whether proprietorship / partnership / private limited / public limited / others

c.

Give details of vehicles used in business	Cars	Vans	Two-Wheelers	Others

d. Your present employee strength

Administration	Technical	Sales / Marketing	Others

11.

Present Bankers	Full Postal Address	Telephone / Fax	Name of the bank manager (If Available)

12. Your proposed Investment in Aircel

a. Investment Rs.....Lakh (Rs.5 Lakhs minimum)

b. Office SpaceSq.ft Existing Sq.ft To be acquired Sq.ft

If existing, Rented Own

If to be acquired, Rented Own

c. Address of office space existing / to be acquired
(If to be acquired, indicate location)

d. No. of Employees Existing To be acquired

e. No. of Telephone lines Fax lines Computers

Existing To be acquired

f. Vehicles available for deployment.....Cars.....Vans.....Two-Wheelers.....Others

Existing To be acquired

13. Why do you want to be a distributor to Aircel Limited ? (Not more than 50 words)

14.

a. Will you be interested in taking up distribution in towns, other than applied for ?

Yes No

If yes, please indicate towns in order of preference: 1.....2.....

b. Do you have an office / showroom in any of the above listed towns ?

Yes No

If yes, please give details :

15. References (Two of them should be non-relatives)

Name	Full Postal Address	Telephone / Fax	Relationship
1.			
2.			
3.			

16. Sales Tax Registered Nos

State :	Date :
Central :	Date :

17. Declaration by Applicant

I hereby declare that all the particulars furnished by me in this application are true and that I have no objection to any verification with the references and bankers furnished above.

Date

Name

Signature of Applicant

18. For office use only

Code No:

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Remark :

Date:

Entered by:

Verified by:

Approved by:

Approved :

Yes / No :

Authorised by: