



High performance electric vehicles

APPLICATION FORM FOR DEALERSHIP OF LECTRIX MOTORS LIMITED

for their range of electric two-wheelers.

TOWN / CITY :

STATE:

APPLICANT'S PERSONAL PROFILE



Name : _____
 Date of Birth : _____
 Educational Qualifications : _____
 Marital status : _____
 Family Background : _____
 Personal experience : _____
 Residential Address : _____
 : _____
 : _____
 Pin Code : _____
 Phone # : _____ Fax # : _____
 Mobile # : _____ E-mail ID : _____
 PAN # : _____

Any loan/liability on property? : YES NO (Circle the applicable option)

If YES please give details : _____
: _____
: _____

Copy of ITR attached : YES NO (Circle the applicable option)

APPLICANT'S PRESENT BUSINESS PROFILE

Name of the Firm / Company : _____
Address : _____
: _____
: _____

Pin Code : _____ Phone # : _____ Fax # : _____

E-mail ID : _____

No. of years in the business : _____

Annual Sales Turnover : _____
(Last 3 years)

Year 1

Year 2

Year 3

Investment in Business : _____

Bankers : _____

No. of employees : _____

Any loan/liability on business? : YES NO (Circle the applicable option)

If YES please give details : _____
: _____
: _____

Sales Tax No. : _____

Excise No. : _____

Service Tax No. : _____

PAN No. : _____

Copy of latest ITR attached : YES NO (Circle the applicable option)

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PROPOSED BUSINESS PROFILE						
Name of the proposed Firm : _____						
Constitution(Circle appropriate): <input type="checkbox"/> PROPERIETARY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PVT. LTD. <input type="checkbox"/> LIMITED						
Address : _____						
: _____						
: _____						
Pin Code : _____ Phone #: _____ Fax #: _____						
E-mail ID : _____						
Particulars of the Principal Prop./ Partners / Directors of the Proposed Firm						
Name	Age	Qualifications	Business / Profession	No. of Years	Capital	Relation to Principal person

DETAILS OF SHOWROOM OFFERED	
Floor Area (ft. by ft.)	: _____
Frontage (ft.)	: _____
Front facing towards	: _____
Type of Ownership	: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED (Circle the applicable option)
Address	: _____
	: _____
	: _____
Pin Code	: _____ Phone #: _____ Fax #: _____
E-mail ID	: _____
Layout plan attached	: YES NO (Circle the applicable option)
Is it an approved commercial property?	: YES NO (Circle the applicable option)
Electric connection load	: _____
Type of construction	: _____
Any loan/liability on business?	: YES NO (Circle the applicable option)
If YES please give details	: _____
	: _____
	: _____
Commercial importance of site	: _____
	: _____
	: _____



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BUSINESS PLANS

You can start operations by Initial Investments that you can make : _____

Additional Investments that you can infuse : _____

Source of Investment Amount from Source

OWN	BANK	OTHERS
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(Circle applicable option)

Your Sales Strategy / Plan : _____
: _____
: _____
: _____
: _____
: _____

Estimated Av. Monthly Sales

2007-2008	2008-2009	2009-2010

GENERAL INFORMATION 1

TWO-WHEELER SALES IN YOUR AREA / SURROUNDINGS

Name of Town	Population (Lakhs)	Distance from your place (Km)	Scooters sold per month (average)	Motorcycles sold per month (average)	E-Bikes sold per month (average)



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GENERAL INFORMATION 2 : ABOUT YOUR CITY / TOWN

No. of 2-wheeler dealers	:	_____		
No. of 3/4-wheeler dealers	:	_____		
No. of Educational Institutes	:	Schools	Colleges/Tmg. Instt.	Universities
		_____	_____	_____
No. of Cinema Halls	:	_____		
Main Industrial Units	:	_____		
	:	_____		
	:	_____		
General road condition	:	Good	Bad	Average (Circle applicable option)

ABOUT YOUR MOTIVATION

PRINCIPAL REASONS FOR YOUR DESIRE TO BECOME A LECTRIX DEALER

MISCELLANEOUS

ANY OTHER INFORMATION THAT YOU WISH TO SHARE WITH US

I / We certify that the information provided by us above is true & correct to the best of my/our knowledge.

PLACE:

DATE:

SIGNATURE (WITH STAMP
WHERE APPLICABLE)

