

DEALERSHIP/ SUB- DEALERSHIP APPLICATION- *

OFFICE USE

Location	
Reference No.	
Status	

Passport Photo

1

1. Applicant Full Name:	
2. Cell phone & Land-line Nos.:	
3. Entity Name:	
4. Entity Registered Address:	
City/ Town:	
District: PRAKASAM	
State/ Province:	
PIN Code/ ZIP Code:	
Office Contact Nos. :	
Fax Nos. :	
Cell phone Nos. :	
Email addresses:	
5. Date and year of commencement of busines	ss:
6. Type of Entity:	
Sole Proprietorship	Partnership Public Limited Company/ PLC
Limited Liability Partnership	Private Limited Company/ LLC Others(Please specify)
7. Entity Registration Number/ CIN: (Please attach the copy of the Certificate)	
8. Entity/ Personal PAN Number: (Please attach the copy of the PAN CARD)	
9. GST Number:	ite)

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10. Full details of	Proprietor	Partner	Director	Others
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S. No.	Full names	Age	Education	Relationship with the Entity	Full residence address & contact details
1					
2					
3					
4					
5					

11. Details of present business/es:

S. No.	Products/ Services	Company name	Dealership/ Distributor	Annual sales	Since (date& year)
1					
2					
3					
4					
5					
6					
7					
8					

12. Past business/es details

S.No.	Products/Services	Companyame	Start date&year	Closedlate&year	Reasonsforclosing
2					
3					



13. Details of sister concerns, if any

S. No.	Products/ Services	Company name	Dealership/ Distributor	Annual sales	Since (date& year)	
1						
2						
3						
4						
5						
14. Territory in which you propose to operate:						
10111		District		State		

15. Office & Show Room/ Go-down facility:

A) Available office space (in Sq. Mts.)	:		
B) Show room? Go-down space (in Sq. Mt	s.):		
C) Transportation vehicles	:		
D) Communication facilities	:		
E) Internet connectivity	:		
F) Others	:		
16. Region/ Areas covered for distribution	1 now:		
17. No. of Manager/staffs available	:		
18. Approximate quantity of Elthor eBike and accessories you plan to sell Annua	es/ eScooters lly? :		
19. Are you and your staff ready to under	go Dealership/ Sub- Dealership training?	: YES	□ NO
20).Are you ready to sign the Dealership/	Sub- Dealership Agreement?	: YES	□ NO
21). How did you know about this busines	as opportunity?		
	aler/ Sub-Dealer?		
		••••••••••••••••••••••••••••••••••••	••••••



23. Are you willing to work on monthly sales quota?	:	YES	NO
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24. How much investment you plan to do for Elthor Dealership/ Sub- Dealership?

25. Please provide 3 references; personal & business:

S. No.	Names	Phone Nos.	Email address	Relationship
1				
2				
3				

26. Your Entity's Bank & Branch:

27. How are you going to finance the Dealership/ Sub- Dealership business?

The above information is correct and true at my best knowledge as on today. I am liable to face any consequences in case of the information found incorrect and un-true at any time during or after this association. I am attaching all the referred documents for Company verification too.

Date: Signature of the Applicant				
	OFFICE USE ONLY			
Application No.:	District/ Sub- Division/ Location:			
Prospected by:	Date:			
Observations & recommendations:				
Business Executive				
C&F/ DISTRIBUTOR CODE:	RECOMMENDED / NOT RECOMMENDED BY			

Business Manager

APPROVED/ REJECTED

CEO/ MD.



MANDATORY DOCUMENTS FOR APPLICATION (To be attached along with)

S. No.	TYPE OF APPLICANT/ ORGANISATION				
J. NO.	Ownership Firm Partnership Firm		LLP/ Pvt. Ltd. Company	Others	
1	Aadhaar Card	Aadhaar Cards of Partners	Aadhaar Cards of Partners/ Directors	Aadhaar Cards of Partners/ Directors	
2	PAN Card	PAN Card of Firm	PAN Card of Firm	PAN Card of Firm	
3	GST Certificate	GST Certificate	GST Certificate	GST Certificate	
4	Showroom Address Proof	Showroom Address Proof	Showroom Address Proof	Showroom Address Proof	
5	5Photos of proposed showroom	5Photos of proposed showroom	5Photos of proposed showroom	5Photos of proposed showroom	
6	1 Colour photogrpah of Applicant	Partnership Deed	Partnership Deed/ MOA& ROC Certificate	Trust Deed/ MOA& ROC Certificate	
7		1 Colour photogrpah of Applicant	1 Colour photogrpah of Applicant	1 Colour photogrpah of Applicant	