

SKYLINE SOLAR Pvt.Ltd	<u>FORMATS</u>	DOC. REF. SLS/___/___/___
		REV.No. : 1
	<u>APPLICATION FORM FOR DEALERSHIP / DISTRIBUTORSHIP / STOCKISTSHIP</u>	DATE :
		PAGE No. : 1 OF 1

AREA APPLIED FOR:

(PLEASE ENCLOSE 3 PASSPORT SIZE PHOTOS)

Name of Organization	
Address	
Contact Person	
Telephone / Fax / Mobile	
Email / Website	
Mode of Operation- House / Office	
Rental / Own Premises	
Available space – Office / Works in Sq. Feet	
Private Ltd., / Proprietorship / Partnership firm	
Year of establishment & How long in Business in Solar market	
Present Range of Products/Manufacturer's Name/Item Details/Quantity Sold Last Year	
Last years turnover (Rs. in Lakh)- 2 years	1. 2.
Total number of employees operating from this location Number of employees with renewable energy qualification / background: Please specify qualifications / background	
Existing Marketing Network	Door to Door
	Counter Sale
	Institutional Sale
	Any Other
Statutory & Regulatory Certificates, i.e., VAT, Excise, etc... (Attach photocopy)	
Bank details (Bank Name, Branch Name, IFSC Code, MICR Code, etc..)	
How many Renewable Energy Systems do you expect to sell per month / Expected monthly business (Rs. in lakh)	
Local References with Contact Details	

Company Expertise

Please check all the areas of expertise provided by your company:

- a) Street Lights
- b) Solar Lanterns
- c) Home Light
- d) Power Pack
- e) Wind Mill
- f) SPV Module
- g) Domestic SWHS & Industrial SWHS
- h) ETC
- i) One-on-one Training
- j) Others (please specify)
- k) Installation / Support / Troubleshooting

Disclosure

I/We the undersigned declare that the above application is true and correct and agree to the Terms and Conditions. I/We accept the Terms its being STRICTLY followed unless otherwise agreed with an Authorized Officer of M/s Rashmi Industries. I/We are personally guarantee to pay in full for any goods which have been received by the above mentioned and are held personally liable for any outstanding debts at any stage.

Signature

Name: _____ Position: _____

Signature : _____ Date: _____

Referrer: _____ On This
Name: _____ Day:
Signature: _____ Position:

- a) PLEASE NOTE This application can only be signed personally by the Proprietor, by at least two partners or by the Director and the Secretary of the Company.
- b) Please include business registration certificate, if any & Supporting Documents of Workplace (Address Proof- Tax paid receipt / Rental Agreement & ID Proof).
- c) Use Capitals.

Enclosed documents:

For Office Use Only

Remarks:

Deposits : For Dealers Rs.20,000/- (Refundable without interest) & for Distributorship.

(Refundable without interest) by Cash /DD/ Cheque No.....Dated:drawn on bank

.....payable at

Action Taken: _____ Approved / Rejected / Kept Pending _____ Date: _____

Recommended By: _____

Evaluated By:
Marketing Head

Approved By:
CEO

ANNEXURE I- Covering Letter

From,

.....
.....
.....
.....

Date :

To,
The General Manager
M/s Skyline Solar Pvt.Ltd
S.C.O 183, First Floor, Sec- 7C
Chandigarh 160019

Sir,

I hereby apply for appointment as your Authorized Representative to deal in your renewable energy products in (Area :), and I agree to abide by the condition.

That I have to comply with all the statutory requirements prescribed by the Central and State Governments or by other Government agencies covering sales especially those relating to licensing, record keeping and rendering reports and returns.

The records should be maintained and reports submitted about my sales as required by you from time to time.

On appointment as your Authorized Representative (A/R), I am prepared to keep with an interest free security deposit as per company requirement.

I request that early orders may be passed appointing me as your Authorized Representative at.....

The details regarding the “APPLICATION **FORM FOR DEALERSHIP / DISTRIBUTORSHIP** “ are given in Performa enclosed and all information furnished is true.

Thanking you
Yours truly,

Signature