



KARAKORAM MOTORS (PVT.) LTD.

Plant: F-8, S.I.T.E. Industrial Area, Karachi-75730
Tel: 021-2585314-16, Fax: 021-2566957

Head Office: 9-C, 13th Commercial Street, Phase II, (Ext.) D.H.A, Karachi.
Tel: 5894428-29, Fax: 5894432

Dealership Application Form **(RAFTAR Motorcycle)**

- 1- Area Dealer
- 2- Exclusive Dealer
- 3- Dealer

1) **LOCATION:**

City / Town/District : _____

2) **APPLICANT:**

NAME : _____

FATHER'S NAME : _____

DATE OF BIRTH : _____

ADDRESS : _____

N.I.C # : _____

PHONE NO. : _____

CELL NO. : _____

FAX NO. : _____

E-MAIL. : _____

CEO/COO/GM : _____
Finance Manager : _____
Sales Manager : _____
Service Manager : _____
Parts Manager : _____
Sales Men : _____
Sales Engineer/Tech.(s) : _____

6 FINANCIAL STATUS

Total Value of Assets Rs. _____
Liabilities (Bank Loan Etc.) Rs. _____
Value of Inventory (in hand) Rs. _____
Income (Self Generated, From Investors, Bank Loan Etc.) Rs. _____
Approx. Amount can be invested. Rs. _____

7 Motorcycle Market/Demand in your Area

8 Your 5 Year Plan for our Product & Budget

9 **Quantity of your 1st Order**

10 **Your Monthly / Annually Sales Target.**

11 **How you are better Than Others?**

Signature of Applicant. _____ **Date.** _____

PS. (Use Additional Sheet if required)

(NOTE)

- 1. Attached Six Month recently Bank Statement along with the Application form.**
- 2. Send us 03 photos of your showroom.**
- 3. Mention the specification of any related dealer of Motorcycle near your showroom area, town.**
- 4. Form with incomplete or misinformation will not be considered.**

UNDERTAKING

I,(applicant) _____
hereby confirm that the above information is correct and reliable.

Note:

All the given information will be kept confidential and will be for internal use only. Signature: _____

Photocopies of the forms will not be acceptable. Date: _____