

Plant: F-8, S.I.T.E. Industrial Area, Karachi-75730 Tel: 2585314-15, Fax: 2585316

Head Office: 9-C. 13th Commercial Street ,Phase IT, (Ext.) D.H.A, Karachi.

Tel: 589442 8-29, Fax: 5894432

Application for Dealership

CHI	ERYQQ	
KAI	LASH	
Vehic	cle sales Spares Parts Sales	Service /Workshop
AA.	LOCATION:	
	City / Town/District:	
BB.	APPLICANT:	
	NAME:	
	FATHER'S NAME:	
	DATE OF BIRTH:	
	ADDRESS:	_
	N.I.C #:	
	PHONE NR:	
	CELL NR:	_
	FAX NR:	
	E-MAIL:	

CC.	COMPANY:	
	LEGAL NAME OF CO:	
	BUSINESS ADDRESS:	
	PHONE NR:	
	FAX NR:	
	E-MAIL:	
	Owner (s) Name:	-
	Operator (s) Name:	
	Year of foundation:	
	Company Share Holders (Name & address:_	
	N.T.N#:	
	G.S.T#:	
	Currently Dealership For:	
	Other Auto Experience & Sales Figures Last	3 Years:
CC.	FACILITY:	
	(PLS. MENTIONED/OWNED/LEASED/SUB	LET.)
	Existing (Since):	
	Expansion Reqd:	-
	Under Planning:	
	Showroom (Size in Sq. ft.):	
	(Location):	
	Storage Area Size:	_
	Workshop Size:	
	Spare Parts (SR) size:	

DD.	MANAGEMENT (Name + Working Since)
	CEO/COO/GM:
	Finance Manager:
	Sales Manager:
	Service Manager:
	Parts Manager:
	Sales Man:
	Sales Engineer/Tech:
EE.	FINANCIAL STATUS
	Total Value of Assets Rs
	Liabilities (Bank Loan Etc.)Rs
	Value of Inventory (in hand) Rs
	Income (Self Generated, FromInvestors, Bank Loan Etc.) Rs
	Approx. Amount can be invested. Rs
	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

<u>UNDERTAKING</u>
1,(applicant)
hereby confirm that the above information is correct and reliable.
Note:
All the given information will be kept confidential Signature:
and will be for internal use only.
Photoconies of the forms will not be accentable. Date: