



## SHRI SHAKTI ALTERNATIVE ENERGY LTD.

**Regd. Office:** Venus Plaza, Begumpet, Hyderabad - 500 016  
Tel: + 91-40-790 7979, Fax: + 91-40-790 8989, E-mail: ssael@shrishakti.com

**New Delhi Office:** C-43, Neeti Bagh, New Delhi 110 049  
Tel: +91-11-651 9006, 651 9007, Fax: + 91-11-686 6667, E-mail: ssael@del2.vsnl.net.in

### APPLICATION FORM FOR DISTRIBUTORSHIP / DEALERSHIP / FRANCHISEE

Application for:  Distributorship  Dealership  Franchisee

#### A. General Information:

- Name of the firm :
- Address :  
(Rubber Stamp Preferable)
- Contact person and Designation
- Contact Nos.: Office :  
Phone :  
Fax :  
Residence :  
Cell / Pager :
- Nature of the firm : Proprietary / Partnership / Pvt. Ltd. Co / Public Ltd. Co.
- Names of Partners / Directors 1. 2.  
3. 4.

#### B. Business Information :

- Year of establishment :
- Nature of Business (list all activities) :
- Annual Turnover (Approx.) :
- Brands dealt with :
- Branches / Dealers (if any) : S.No. Location  
1.  
2.  
3.

- 6. Godown Space availability (size) :
- 7. Banker's Name & Address :
- 8. Bank limits enjoyed (if any) :
- 9. Outstanding litigations, if any,  
on the firm :
- 10. Sales tax registration details: Local ST :  
CST :
- 11. No. of Employees :
  - Managers / Supervisors :
  - Salesman :
  - Technicians :
  - Delivery boys :

I, \_\_\_\_\_ S/o. \_\_\_\_\_ do hereby declare that the information furnished above is true to the best of my knowledge and belief. I hereby apply for distributorship / dealership of Shri Shakti Alternative Energy Ltd.

Date : \_\_\_\_\_

Signature

\* Strike whichever not applicable

**FOR OFFICE USE ONLY**

*Comments of the Sales Executive*

*(To cover the market reputation, Dealer's potential, dealer's personal back ground etc.)*

Date : \_\_\_\_\_

Sales Executive

*Recommendation of the Manager*

Date : \_\_\_\_\_

Manager-Marketing

*Approved / Not approved*

Reason (if not approved)

Date : \_\_\_\_\_

Managing Director