



KRANTI AUTOMOBILES LIMITED

APPLICATION FORM FOR DEALERSHIP

A. BASIC INFORMATION :-

1. Details of Firm (Existing) :-

1.1	Name of Firm	:-		
1.2	Name of Owner	:-		
1.3	Address	:-		
1.4	Tel. Nos.	:-	Office :-	
			Workshop :-	
			Resi. :-	
1.5	Gram/Fax/Telex	:-		
1.6	E-Mail Address	:-		
1.7	Nature of Firm (Please Tick)	:-	Public Ltd.	
			Private Ltd.	
			Proprietary	
1.8	Date Of Establishment	:-		
1.9	Weekly Off	:-		

2. Business Experience:-

Sr. No.	Name of Franchise / Product	Period	Annual Turnover In Previous Financial Year
01			
02			
03			
04			



B. KRANTI AUTOMOBILES LTD. DEALERSHIP PROPOSAL :-

1. Details of Proposed Firm :-

1.1	Name of Firm	:-		
1.2	Address	:-		
1.3	Tel. Nos.	:-	Office :-	
			Workshop :-	
			Resi. :-	
1.4	Gram/Fax/Telex	:-		
1.5	E-Mail Address	:-		
1.6	Nature of Firm (Please Tick)	:-	Public Ltd.	
			Private Ltd.	
			Proprietary	

2. Owner/Partner's Detail s:-

<u>Sr. No.</u>	<u>Name of Owner / Partner</u>	<u>% Share Holding</u>	<u>Contact Nos.</u>

3. Facilities for K.A.L. DEALERSHIP:-



<u>Facility</u>	<u>Existing</u>		<u>Proposed</u>	
Address of Show-Room				
Address of Workshop				
Area of Showroom (In Sq. Ft.)	Sq. Ft.		Sq. Ft.	
Area of Workshop (In Sq. Ft.)	Sq. Ft.		Sq. Ft.	
Own or Rented (Please Tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Own	Rented	Own	Rented
Workshop is Attached with Showroom OR Separate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attached	Seperate	Attached	Seperate
If Separate, Then Distance from Showroom (In Kms.)	Kms.		Kms.	

4. Proposed Investment in K.A.L. Dealership :-

4.1	<u>Facilities</u>		<u>Rs. (In Lacs)</u>
a)	Showroom	:-	
b)	Workshop	:-	
c)	Working Capital	:-	

4.2	<u>Funding Through</u>		<u>Rs. (In Lacs)</u>
a)	Own Resources	:-	
b)	Bank Loan	:-	
c)	Others (Please Specify)	:-	
TOTAL		:-	

C. MARKET ESTIMATE :-



1. Market Potential And Size :-

Total 3-Wheeler Population In The Town :- _____

Other 3-Wheeler And LCV Dealers In the Territory :-

Sr. No.	Name of Dealership	Range of Products	Average Units Sold Per Month *		
			Pass.	Goods	TOTAL

* Please furnish above details as per RTO Records.

2. Popular Mode of Public Transport In Your Territory :-

<u>PASSENGER</u>	<u>GOODS</u>

3. Likely Potential for Our Range of Products (Per Month) :-

GOODS	
PASSENGER	

Company Seal

(Signature of the Key Person)

Name :- _____

Date :- _____