



THAKUR PETRO CHEMICALS

(CHHATTISGARH GAS)

- Application applied for - Distributor / Super stockiest.
- Location : Area District

- State

1. Name of the Applicant :

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2. Permanent Address of Applicant :

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3. Contacts :

(a) Phone/ Mobile

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(b) Email

4. Date of Birth:

5. Gender : Male /Female

6. Educational Qualification:

7. Constitution of Applicant:

(Proprietorship / Partnership / Private Ltd / Public Ltd)

8. Name of the Proprietor/ Partners/ Directors:

9. Name of the Proposed Agency:

10. (A) Details of applicant's prior/current Business Activities:

| Sr.no.. | Name of the company/ Business | Nature of Business | Turnover per annum | No. of year Experience | Area of business |
|---------|----------------------------------|--------------------|--------------------|------------------------|------------------|
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(B) If any of the applicants business is related to LPG (Please Elaborate)

11. Have you ever applied for LPG distributorship of any other LPG Company? Y / N

If YES , please give detail:

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12. Are you or your relatives have taken Dealership / Distributorship of any

Oil Company ? Y / N

If YES , please give details

13. Do you have any prior knowledge of LPG Cylinder Business/Marketing?

Yes / No

14. Which segment/type of customers you propose to target for

Distributorship ? (21kg , 17kg , 15 kg , 12kg , 4 kg)

15. Details of other Companies that are marketing LPG in your Area:

16. Details of the number of connections you expect to release in the first year of Operation. _____

DECLARATION

IS/o, D/o, W/o ,

Resident of _____

hereby confirm that the information given above is true to the best of my knowledge and belief, Any wrong Information/Suppression of facts will disqualify me from being considered for the LPG Distributorship of

Signature of the Applicant

Date :

Place:

Company Representative Recommendations

Meeting Handled by :---

Verified by :---

Approved by : ---

Vice President (Marketing)