

**ACOBUILD**  
**501, Prateik Plaza, SV Road, Goregaon (W)**  
**Mumbai 400 062**

**Application for Dealer/Distributor Registration\***

Passport  
Photo

**Dealer/Distributor Status :**

Dealer no:


Dealer

Branch Town Distributor.

1. **Company Name:**
2. **Contact Person Name**
3. **Contact Person Mobile No.**
4. **Registered Address :**


District  
State  
Pin Code :

- 5 **Telephone Numbers Fax Nos. Cell Phone No. E-Mail ID**


- 6 **Date of commencement of business :** \_\_\_\_\_

- 7 **Income Tax PAN No. :** \_\_\_\_\_

- 8 **CST No :** \_\_\_\_\_  
**VAT TIN No.** \_\_\_\_\_

(Please enclose photocopy of certificates)

- 9 **Type of Business entity :**

<input type="checkbox"/>
<input type="checkbox"/>

Sole Proprietorship  
Partnership

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Private Ltd. Co.,  
Public Ltd. Co.,  
Other(to specify)

(Please enclose copy of : ● Copy of M/A in case of Co's., ● Original stamped Partnership Deed in case of Partnership Firm, ● I/T Return in case of Proprietorship)

- 10 **Full details of :**

<input type="checkbox"/>
--------------------------

Proprietor

<input type="checkbox"/>
--------------------------

Partners

<input type="checkbox"/>
--------------------------

Directors

Name	Home Address & Telephone Number	Qualification	Ownership	Involvement in Firm / Company

**11. Business History :**

Specify dealership and other business. In case some more dealership are in the name of your sister concerns or associations, please give details.

S. No.	Dealership	Manufacturer / Supplier Name to dealership	Since (Year)	Product Group	Annual Gross Turnover

**Details for sister concern:**

Name :

Relationship with applicant :

--	--	--	--	--	--

**Details of past business :**

Period :

--	--	--	--	--	--

**Details of non-dealership business (if any) :**

--

**12. Territory in which you propose to operate:**

Town : \_\_\_\_\_ District : \_\_\_\_\_  
 State : \_\_\_\_\_

**13. Details of Present Managerial and Sales Staff**

S no	Name & Position	Qualification	No. of years of experience	Salary	Responsibility

14. **Warehouses : ( Please tick ✓ ) :**

	W/H 1	W/H 2
Location		
Total Floor Area (Sq. ft.)		
Whether completely water proof / fire proof		
%age area for ACOBUILD		

<p>15. Bank Name &amp; Address</p> <p>A/C Nos.</p> <p>The applicant undertakes to provide advance intimation to G&amp;B before closure of any bank account from where cheques have been issued</p>	<p>Phone Nos.</p> <p>Contact Person</p>
--	---

16. Amount of Security Deposit to be paid to ACOBUILD for dealership / Distributorship Rs \_\_\_\_\_

17.

<p>I/We certify that the information given in the application form is correct and complete.</p> <p>Further, this is to authorise G&amp;B to verify our Bank / Trade credentials.</p> <p>Applicant's signature attests financial responsibility to pay G&amp;B's invoices in accordance with agreed upon terms</p> <p>Dealer Agreement will be signed within three months of appointment</p> <p>Subject to Jurisdiction at Branch and Mumbai</p>	<p>Name &amp; Signatures of Authorised Signatory with Official Seal.</p> <p><b>Name</b> _____</p> <p><b>Designation</b> _____</p> <p><b>Signature</b> _____</p> <p><b>Official Seal</b> _____</p> <p><b>Witness Signature:</b></p> <p><b>Name &amp; Address</b></p> <p><b>Date :</b> _____ <b>Place :</b> _____</p>
---	---

***In case of Partnership, all the Partners' should sign***

18 **List of Enclosures( in Photocopy) :**

- a. Copy of Firm's Partnership Deed
- b. Copy of CST/ ST Nos. Certificate
- c. Pages 1 to 3 of Dealer/ Distributor Registration Form(DRF)
- d. Copy of Shop License
- e. Passport Size Photo of Owner/s