



Application for Distributor

A. Name of the firm

Address.....

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Telephone / Mobile No.

B. Constitution

Proprietorship Y / N

Partnership Y / N

Public ltd/Pvt Ltd Y / N

Email ID _____

C. Name of Partners/Directors

Name of Partners/Directors	% Ownership	Address (Residence)	Telephone / Mobile No.

D. GST No......**Issue date**.....

E. Name of MD/Managing Partner/Key person

Name	Address with Tel & Mobile no.



F. Profile and experience (Please detail your past experience and business areas)

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G. Operational details

Companies represented	Products	Turn over (Rs Lacs) Yr' 2017	Turn over (Rs Lacs) Yr' 2018	Turn over (Rs Lacs) Yr' 2019

State the nature of business

Retail Y / N
Wholesale Y / N
Distribution Y / N

H. Facilities available/Proposed for FMGPL

Facility	Area (Sq ft)	Existing	Proposed
Showroom			
Retail outlet			
Godown			
Manpower/Staff (Nos.)			
Field Sales (Nos.)			
Stores Team (Nos.)			
Computer Operator/s (Nos.)			
Office staff (Nos.)			
Any other			



I. Financial Profile

Particulars	Amount (Rs Lacs)
Fixed assets	
• Building	
• Land	
• Others	
• Total	
Working Capital	
• Own Funds	
• Borrowed funds (Banks)	
• Total	
Capital outlay proposed for FMGPL	

J. Bankers

Name	Address	Telephone No.

K. Bank Facilities

Letter of credit	Rs
Cash Credit Limits	Rs
Hypothecation	Rs
Others (Please Specify)	Rs

L. Estimated Tractor & Commercial Vehicle Population in your area

Territory	Tractor Population (UIO)	Commercial Vehicle (UIO)



M. Sales Forecast

Sales	1st Yr (Rs Lacs)	2nd Yr (Rs Lacs)	3rd Yr (Rs Lacs)
Estimation			
Commitment			

N. How do you propose to sell FMGPL Genuine Parts

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O. Details of the Channel associated with you

Retailers	
Mechanics	
Reborers	
Others	

Seal/Stamp

Signature of applicant

Date.....

Name.....

Please attach the following with Application:

1. Photograph of principle applicants
2. Photographs of the showroom, counter, stores
3. Blueprint/rough sketch of the premises
4. List of Retailers, Mechanics, Reborers associated
5. Copy of GST certificate
6. Bank reference letter stating credit worthiness
7. Any other input that could substantiate your proposal





FMGPL Office use only

I Report on field visit

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Name :

Signature.....

II Final Recommendation:

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Signature.....

Date :

