

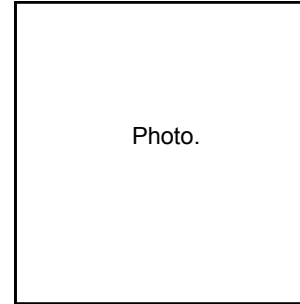


Distributorship Application Form

Meena LPG Industries, 1/185, Paramathy Road, Namakkal—637001

1. Distributorship Location

(Please specify Area, City, District)



2. Name of Applicant: Mr / Mrs / Ms / M/s : _____

3. Address for Communication : _____

: _____

: _____

4. a. Contact Numbers : _____

b. Email : _____, **c.FAX :** _____

5. Date of Birth : _____ **6. Sex** : Male / Female

7. Constitution of the Applicant : Proprietorship / Partnership / Pvt Ltd, / Public Ltd / Society

8. Name of the Proprietor / Partners / Directors: _____

8.a . Name of the Proposed Agency: _____

9. PAN : _____

10. Bank Details: Type of Account : _____ ; **Account Number** : _____

Bank : _____ ; **Branch** : _____

OD Facilities if any : _____

11.a. Details of applicant's prior / current business experience :

No	Name of the Company	Business Type	Turnover per annum	No. of years of experience	Type of Customers

b. If any of the applicant's business is related to LPG (Please elaborate)

c. Dealt in any other products, catering to the customers who also need LPG cylinders?

12. Are you having a godown facility ? : Yes / No .

If Yes, address of the godown : _____



13. Are you having a showroom in the area of operation ? : Yes / No .

IF YES, address of the showroom : _____

14. Capital proposed for investment in distributorship Business:

i) Own Fund : _____

ii) Borrowing : _____

15. Any other resources you have, that can be Deployed for MeenaGas distributorship (Delivery vehicles, manpower etc.)

16. Have you applied for LPG distributorship of any other LPG Company? If so, please give details:

: _____

17. Are you or your relatives, dealers / distributors of any Oil Company? If so, please give details

: _____

18. Do you have any prior knowledge of LPG cylinder Business / market?

: Yes / No

19. Which segment/ type of customers you propose to target for MeenaGas distributorship - (Commercial 8kg, 17kg, 33Kg) ?:

Segment / type of customers	Location

20. Details of other Companies that market LPG in your Area:

21. Details of the number of connections you expect to release in the first year of operation

Date : _____

Signature _____

Place : _____

Name _____