

SUB DEALER REGISTRATION FORM

Type of Sub Dealer	<input type="checkbox"/> Fabricator	<input type="checkbox"/> Hardware
Name of the Establishment		
Business Reg No:		
Address		
Nature of the Business		
Name of the Contact Person	Mr./Mrs./Miss	
Date of Birth		
Contact Details	Contact 01	Contact 02
Name		
Fixed Line		
Mobile		
Fax		
Email		
Industrial Experience	<input type="checkbox"/> 0-2 Years	<input type="checkbox"/> 2-5 Years
	<input type="checkbox"/> 5-7 Years	<input type="checkbox"/> 7-10 Years
	<input type="checkbox"/> 10-20 Years	<input type="checkbox"/> Over 20 Years
Availability of Same Range:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES	Brand Name	Qty per Month
Name of Other Dealership held:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES	Organisation	

Above information provide is true to the best of my knowledge.

Date	Rubber Stamp	Signature
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Office Use Only

Showroom Code			
Sales Executive Code			
Sub Dealer Code			
		Prepared By	Authorised By