

APPLICATION FOR CITIGARDENS DEALERSHIP

COMPANY DETAILS

*(fill in marked * boxes in Block Capital Letters. Leave a space after every word)*

<p>COMPANY NAME * : <input type="text"/></p> <p>BUSINESS REG. NO. : <input type="text"/></p> <p>BUSINESS REG. DATE : <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>ADDRESS * : <input type="text"/></p> <p>DISTRICT : <input type="text"/></p> <p>TELE/FAX : <input type="text"/></p> <p>EMAIL : <input type="text"/></p> <p>WEB : <input type="text"/></p>	<p>OWNERSHIP : <input type="checkbox"/> PROPRIETER <input type="checkbox"/> Pvt. Ltd <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PUBLIC QUOTED</p> <p>DIRECTOR'S / PROPRIETOR'S NAME : * <input type="text"/></p> <p>NIC No : <input type="text"/></p> <p>POSITION : <input type="text"/></p> <p>PERMANENT ADDRESS * : <input type="text"/></p> <p>TELE/FAX : <input type="text"/></p> <p>MOBILE : <input type="text"/></p>
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BANK ACCOUNT DETAILS

BANK	BRANCH	TYPE OF ACCOUNT	ACCOUNT NUMBER

GUARANTEE

BANK GUARANTEE AMOUNT : VALIDITY PERIOD :

CONTACT PERSON *

NAME : <input type="text"/>	DESIGNATION : <input type="text"/>
<input type="text"/>	DEPARTMENT : <input type="text"/>
<input type="text"/>	MOBILE : <input type="text"/>
<input type="text"/>	TELEPHONE NO : <input type="text"/>

IF YOU ARE AN EXISTING AGENT /DEALER FOR ANY OTHER COMPANIES, PLEASE SPECIFY

SUPPLIERS NAME	PRODUCTS	VALUE OF PURCHASE PER 3 MONTHS	DISCOUNT RATE	PAYING SYSTEM

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION : COPY OF BUSINESS REGISTRATION CERTIFICATE * NIC COPY 1
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WE CERTIFY THAT THE INFORMATION GIVEN HERE IN ARE TRUE AND CORRECT. IF ANY CHANGES, WE WILL NOTIFY WITHIN 14 DAYS

.....
APPLICANT'S SIGNATURE/ DATE

.....
RECOMMENDING OFFICER'S SIGNATURE/ DATE

FOR OFFICE USE ONLY

COMMENT OF PURCHASE

DATE APPLICATION RECEIVED DATE APPROVED

STATUS : ACCEPTED REASONS
REJECTED

.....
SIGNATURE OF RECOMMENDING OFFICER-DATE

.....
MANAGER / CEO- DATE

