To, The General Manager Industrial Products Division

## **RASHTRIYA CHEMICALS & FERTILIZERS LIMITED**

Priyadarshini, Eastern Express Highway Sion, MUMBAI – 400 022.

## SUB: APPLICATION FORM FOR APPOINTMENT OF ACTUAL USER / DEALER

No			(Not to be filled)			Date	e		
IMPORTANT_									
	(1) (2) (3) (4) (5) (6)	<ul> <li>(2) Strike off whichever is not applicable.</li> <li>(3) Please sign in full on each sheet. Application not signed is liable for rejection.</li> <li>(4) Please fill up separate business information sheet for each product if Interested in more than one product.</li> <li>(5) Please attach SELF ATTESTED photo copies wherever required.</li> </ul>							
Name	Name of the company M/s								
1.0.	PERSONAL INFORMATION								
1.1.	Name of the Applicant Mr./Ms								
1.2.	Catego	ory:							
	Please	√ Mark	PROPRIETORY	PAR	TNERSHIP	PRIVATE	OTHERS		
1.3. Directors/Partners Details (including name at S.No.1.1)									
		NAM	1E		DESIGN	ATION	MOBILE NO.		

(If no. is more than four, please use separate sheet)

1.

2.

3.

4.

1.4.	Address(es)	
(a)	Registered Office	
	E-mail	
	Mobile No.	
	Telephone No.	
(b)	Branch Office (if any)	
	E-mail	
	Telephone No.	
	Mobile No,	
(c	) Residential address:	
	E-mail	
	Telephone No.	
1.5.	Mobile No,	
Expe	<u>erience</u>	
		Product(s) Handled Since (YEAR)
(A) From RCF		

(B) From other Manufacturer (Please specify)

2.0.	FINANCIAL INFORMATION		
2.1.	Name and address of your Bankers		
2.2.	Permanent Account Number (PAN)		
3.0.	BUSINESS INFORMATION:		
3.1	Product(s) (interested to handle)		
3.2	Commitment of each product in MT (this is compulsory, if not mentioned application will be rejected)	Quantity	MT/Month
3.3.	Do you have any other company's Dealership? If yes, for which product? Which company? (Please give details of the products, sales turnover, staff and sales network)		
3.4.	GST Registration. No.		
3.5	Do you have storage facility for hazardous Chemicals as per present norms of State and Central Govt? If yes please enclose photo copies of certificate for storage.		
3.6	Explosive License if any – YES/NO If YES please furnish details and submit photo copy of valid license.	PRODUCT	CAPACITY
3.7	Do you have Poison License – YES/NO If YES please furnish details and submit Photo copy of the valid license.		
3.8	Are you having any Sister Concern? If yes, indicate its name, address and what product are they selling? If yes please give details on a separate sheet.	YES	NO
3.9	Has your Sister Concern Any business with RCF? If yes please elaborate.	YES	NO
	job prodob olaborato.	PRODUCT	MONTHLY OFFTAKE

## 4.0 **SECURITY DEPOSIT**

The Security Deposit payable by me is refundable (without interest) as per structure shown below.

A. For Single Product
B. For Two Products
C. For more than Two products
₹ Two Lakhs
₹ Three Lakhs

## **DECLARATION**

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the examination, action can be taken against me.

(Signature of the Applicant)

Seal of the company

DATE:

PLACE:

Encl: Please tick whenever applicable

Enclosed photo copies of the following Document/Certificate duly attested by self / competent authority

- a) Certificate of Incorporation/Partnership Deed/Memorandum and Article of Association
- b) GST Registration Certificate
- c) Explosive License, if applicable
- d) PAN
- e) Last three years balance sheet / IT Return
- f) Bankers Certificate
- g) Poison License, if applicable
- h) SSI Registration Certificate if applicable
- i) Any other document