To,

The General Manager Industrial Products Division

RASHTRIYA CHEMICALS & FERTILIZERS LIMITED

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

SUB: <u>APPLICATION FORM FOR NEW CUSTOMER REGISTRATION (Actual Users / Dealer)</u>						
No		(Not to be filled	d)		Date	
<u>IMP</u>	<u>ORTANT</u>					
(2) (3) (4) (5)	Please sign in full on each sheet. Application not signed is liable for rejection.					
Nam	e of the Firm / Co	mpany M/s				
1.0.	D. <u>PERSONAL INFORMATION</u>					
1.1.	Name of the Applicant Mr./Ms.					
1.2.	2. Category: (Please √ Mark)					
	PROPRIETORY	PARTNERSHIP	LLP	PRIVATE LTD	PUBLIC LTD	OTHERS
1.3.	Whether MSME Co					
1.4. 1.5.	Type of Customer Details of Propriet			-		

Sr. No.	NAME OF DIRECTOR / PARTNER	DESIGNATION	MOBILE NO.
1.			
2.			
3.			
4.			

(If number of Directors / Partners is more than four, please use separate sheet)

1.6.	Addresses: -
(a)	Registered Office Address
(b)	Branch Office Address (if any)
(c)	Residential Address
(=)	
1.7	Name of Contact Persons: -
•••	Tallio di Golitadi i Giorna.
E-m	ail ID.
	ephone Nos:
Mot	oile Nos:
2 0	FINANCIAL INFORMATION
	. TO ANOTHER THE CONTINUE OF T
2.1.	Name and Address of your Bankers
2.2.	Account No & Type:
2.3.	Permanent Account Number (PAN)
2.4 .	GST Registration No: -
2.5.	TAN Registration No: -

3.0. BUSINESS INFORMATION:

3.1 Experience

Name of Companies	Names of Product(s) Handled	Since (YEAR)
(A) From RCF		
(B) From Other Manufacturer (Please specify)		

3.2 Product(s) Interested to Purchase & Commitment of each product in MT

Sr	Name of Product Interested to Purchase	Requirement / Commitment Per Month in MT
1		
2		
3		
4		
5		

(If number of products are more than five, please use separate sheet)

3.3. Do you have any other company's Dealership?	
If yes, give name of Company & its Products.	
(Please give details of the products, sales turn-over)	

3.4 Do you have storage facility for Hazardous Chemicals as per present norms of State & Central Govt.? If yes, please give details & Enclose Photo copies of certificate for storage.

PRODUCT	CAPACITY

3.5 Explosive License If any, If YES, please furnish details and submit photo copy of valid license.

3.6 Do you have Poison License – YES / NO

If YES, please furnish details and submit

If YES, please furnish details and submit Photo copy of the valid lice

Indicate are the	re you having any Sister Concern? If se its name, address and what product y selling. Please give details on a te sheet.	yes,
	as your Sister Concern Any business wit f yes, please elaborate.	th
Produc	t & Quantity:	
4.0	SECURITY DEPOSIT	
The Se	curity Deposit payable by me is refunda	able (without interest) as per structure shown below.
A.	For Single Product	- Rs. One Lakh
B.	For Two Products	- Rs. Two Lakhs
C.	For more than Two products	- Rs. Three Lakhs
DECLA	ARATION	
my kno		in this application are true, complete and correct to the best of information being found false or incorrect or ineligibility being n can be taken against me.
		(Signature of the Applicant)
		Seal of the company
DATE:	-,	
PLACE	:	
Enclose	ed photo copies of the following Docum	ent/Certificate duly attested by self / competent authority

(Please tick whichever is applicable & enclosed)

- Certificate of Incorporation / Partnership Deed / Memorandum and Article of Association
- 2) **GST Registration Certificate**
- 3) PAN Copy
- **TAN Registration Copy** 4)
- 5) Declaration with regards to Deduction of TDS u/s 194Q or Non-applicability of TCS u/s 206C
- Last three years' balance sheet / IT Return
- **Bankers Certificate** 7)
- Explosive License, if applicable
- Poison License, if applicable
- 10) SSI / MSME Registration Certificate if applicable
- 11) Any other related documents.