

**APPLICATION FORM**  
**BUSINESS ASSOCIATES**  **MASTER FRANCHISE**   
**FRANCHISEE (LPG)**

**GUIDELINES FOR FILLING**

- ❖ Forms not completed in all respects & submitted without documents as per Annexure XIII will be rejected.
- ❖ The data asked for in this form is purely for the purpose to evaluate the interest of applicant about business with the Company.
- ❖ The acceptance or rejection of the application is at the sole discretion of the Company. No correspondence will be entertained in this regard.
- ❖ The Company reserves the right to change, amend, add, or delete any/all clauses at any time without prior notice.
- ❖ Applicant is requested to keep a photocopy of applications & documents for his /their record.
- ❖ All disputes are subject to jurisdiction of Delhi courts only.

**1. Personal Information**

Full Name:

\_\_\_\_\_ (Name)                      \_\_\_\_\_ (Middle Name)                      \_\_\_\_\_ (Surname)

Age : \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status : Unmarried/ Married/ Widower

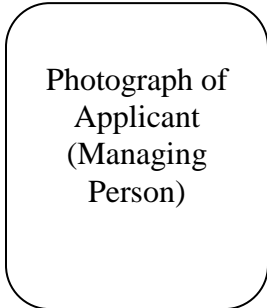
Residence :  
Address

Contact No. :

Email Id :

a) What three adjectives best describe your personality?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_



(b) What Distinguishes you from other people?

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**2. Educational Details**

High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

College or University: \_\_\_\_\_

Degree Obtained : \_\_\_\_\_ Major Subject's \_\_\_\_\_

Additional Education(if any): \_\_\_\_\_  
\_\_\_\_\_

**3. For Employed persons only (record of present Employment)**

Date of Employment	From( <i>month &amp; year</i> ) _____	To ( <i>month &amp; year</i> ) _____
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Employer Name Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact No \_\_\_\_\_

Type of business, Company is into \_\_\_\_\_

Your position \_\_\_\_\_

To whom you were reporting \_\_\_\_\_

Your Salary. Rs. \_\_\_\_\_

Describe your duties and responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. For Businessman only**

Name of Business : \_\_\_\_\_

Address with phone: \_\_\_\_\_

No. &amp; Email Id \_\_\_\_\_

Sister Concerns, if any: \_\_\_\_\_

Nature of your : \_\_\_\_\_

Business

Constitution of Company :  Proprietorship   Partnership  PVT.LTD.  LTD.

Name of the Partners/Directors if any: \_\_\_\_\_

Income tax PAN : Firm: \_\_\_\_\_

Employee Strength: \_\_\_\_\_ Annual Income Rs. \_\_\_\_\_

Firm GST No : \_\_\_\_\_

Name &amp; Address of the Bank with Phone No.: \_\_\_\_\_

**To Become Business Associates of Premier LPG Limited**Constitution of Company :  Proprietorship   Partnership  PVT.LTD.  LTD.**5. Details of Prop./Partner(s)/Dir.(s) :**

Sl.No	Name	Age	Father/Husband Name	Residential Address	Educational Qualification
	(i)	(ii)	(iii)	(iv)	(v)
1.					
2.					
3.					
4.					
5.					

Attach separate sheet containing information on all columns (i) to (v), if required

:4:

6. Has any person above ever been convicted and/or charges have been framed against any person above by the court of law for any criminal offence involving moral turpitude and /or economic offence (other than freedom struggle)? (Applicable to individuals, partners, Director's an entity and also organized body as an entity) : Yes / No (if yes, details thereof)
7. Is any person above involved in politics or has any relation with any politician. : Yes / No (if yes, details thereof)
8. Name & Sl. No. in column No.5 above of managing person who will control the business :
9. Name of person who will deal with Govt. Deptt. if other than above at Sl. no 8. :
10. Capacity to invest for applied status :
11. Source of Investment :
12. Expected Scope of business in the area :
13. Basis/grounds of report on point 12, above (attach details) :

#### 14. Available Infrastructure

Location from which business will be conducted:\_\_\_\_\_

\_\_\_\_\_.

Office Premises:  Commercial  Shopping  Industrial  Residential

Working Hours: \_\_\_\_\_ am to \_\_\_\_\_ pm.

If not owned, indicate period up to which present rent/leased agreement : \_\_\_\_\_years On which floor:\_\_\_\_\_ is valid.

Proximity in Km of the office to: Railway Station\_\_\_\_\_Km. City Bus Stand\_\_\_\_\_Km.

Numbers of Computers:\_\_\_\_\_ Printer\_\_\_\_\_ Internet: Yes No

**15. Business Plan**

Your Business Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Involvement will be:  Full Time  Part Time  Inactive Investor

Business Contact available within the city:  Yes  No

Will other family members be involved? \_\_\_\_\_

Do you have any contract with Competitors /Employees of Competitors/Agents of Competitors? :  Yes  No

If Yes, Please Describe: \_\_\_\_\_  
\_\_\_\_\_

Please Provide any additional information that you believe will help us decide to award The Business Associates Scheme to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How your present involvement is helpful for LPG Business?

\_\_\_\_\_  
\_\_\_\_\_

16. Payment for processing fee of Rs.1100/- Receipt No. \_\_\_\_\_ dated\_\_\_\_\_.

**17. Personal Reference**

(1) \_\_\_\_\_  
(2) \_\_\_\_\_

**18. Credit Reference(Name of the Companies & Person with phone no. with whom you have done business)**

(1) \_\_\_\_\_  
(2) \_\_\_\_\_

19. Mention the documents attached with this Application

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

Signature: \_\_\_\_\_

Name: (\_\_\_\_\_)

- 1. I hereby confirm that I have gone through the proposal carefully being capable to understand the language and fully satisfied in all respect.

Or

I hereby confirm that I have gone through the proposal carefully being capable to understand the language and further confirmed that I have fully explained the proposal to my relative/friend Shri. \_\_\_\_\_  
 \_\_\_\_\_ applicant who is known to me for the last \_\_\_\_\_  
 years \_\_\_\_\_ months.

Signature:

Name:

Address:

I hereby declare that Shri \_\_\_\_\_ S/o Shri  
 \_\_\_\_\_ R/o \_\_\_\_\_  
 \_\_\_\_\_ has explained the proposal to me thoroughly and I have understood the same and satisfied in all respect.

- 2. I hereby certify that the information given in this application is true and correct to the best of my knowledge and belief.
- 3. I also certify that this application is filled by me at my own will and without any pressure.
- 4. I hereby assure that I will abide by the terms of the company.

Place:

Signature of Applicant:

Name:

Date:

Address: