

APPLICATION

FOR

STOCKIST

CARVER WELDING PVT. LTD.

302 – Om Com. Complex, 22-Bhaktinagar Station Plot, Tagore Road
Corner, Rajkot – 360 002

STOCKIST APPLICATION FORM

1.	Name :	<u>FOR OFFICE USE ONLY</u>
2.	Address:	Customer Code _____ Dealership _____ Deposit Amount _____ Receipt No. _____ Receipt Date _____
3.	Phone (O): Cell No.:	Effective from Date _____
4.	Email ID : Proprietary / Partnership / Private / Public Limited Co. (please delete which is not applicable)	Rate of interest _____ Division Code _____
S.T. No. Date		C.S.T. No. & Date
Service Tax No. (if any)		
PAN No.		Cent.Exc.Reg No.
5.	FOR PROPRIETARY COMPANY	
Name & Address of Proprietor (S) with Tel. Nos.		
	Name :	
	Office :	Phone :
	Residence :	Phone :
FOR PARTNERSHIP FIRM		
Name & Address of all Partners (***) with Tel. Nos.		
1.	Name :	
	Office :	Phone :
	Residence :	Phone :
2.	Name :	
	Office :	Phone :
	Residence :	Phone :
3.	Name :	
	Office :	Phone :
	Residence :	Phone :
4.	Name :	
	Office :	Phone :
	Residence :	Phone :

Name & Address of Managing Partner and / or Partner Holding Power of Attorney		
	Name :	
	Office :	Phone :
	Residence :	Phone :
	Relationship if any :	
FOR PRIVATE / PUBLIC LIMITED CO.		
Name & Address of Directors (*) with Telephone Numbers		
1.	Name :	
	Office :	Phone :
	Residence :	Phone :
2.	Name :	
	Office :	Phone :
	Residence :	Phone :
3.	Name :	
	Office :	Phone :
	Residence :	Phone :
4.	Name :	
	Office :	Phone :
	Residence :	Phone :
5.	Name :	
	Office :	Phone :
	Residence :	Phone :
Other Information		
A. Authorised Capital		
B. Paid – up Capital		
C. Share Holding of Directors		
D. Other Major Shareholders & their Holdings		

6.	Name and Address of the Bankers	:
7.	Proposed Area of Operation	:
8.	Main line of Business	:
	i) Do you hold other Agency Dealership? If so, give details	:
	ii) Give details of your own selling Organisation	:
	iii) Do you directly or indirectly deal or have interest in Competitive product?	:
9.	Main industries in the proposed Area of Dealership	:
10.	Estimated monthly offtake	:
11.	Do you possess Show Room/Office Godown facilities ?	:
	Address	:
12.	Do you have trained / qualified Personnel to handle our products	:
		Signature _____
	Date : _____	DESIGNATION _____
S	Please furnish last two year return with audited copy.	
*	Please furnish copies of the Memorandum & Article of Association of the Company	
**	Please furnish Certified copy of the Partnership deed and the latest Income Tax & Wealth Tax Assessment Order of all partners	