



AUTHORISED CAR DEALER'S TIE UP APPLICATION FORM

1. Name of Organization: _____

2. Constitution: Sole Proprietorship Partnership Company

3. Name of Car Manufacturing Company: _____

Are you an Authorized Dealer of the Car Manufacturing Company?

YES NO (ONLY AUTHORISED DEALER ELIGIBLE)

4. Business Address

CITY _____ State _____ Pin code _____

5. Tel. Nos. : _____ 6. Mobile: _____

6. Fax Nos. : _____ 8. E Mail Address :

7. PAN Number: _____

8. Product: _____ Business Commitment in Crores: _____

9. Details of Existing Banking Relations: _____

10. Existing BOM Savings / Current Account No: _____

11. Premise Ownership: Owned Rented

12. Proprietor/Managing Partner/Managing Director: _____

Residential Address:

Name of Associate	Number of Years/Months	Reason for discontinuing

City _____ State _____ Pin Code _____

Tel.:

13. Profile of Promoters _____

Names and qualifications of the Promoters _____ PAN Number _____

1

2

3

4

Note: Kindly Enclose last 2 year ITRs of the Proprietor / Partners / Directors of the firm/company

14. Financial Standing:

Kindly Enclose Balance Sheets / Profit & Loss Statements for the last 2 years

15. Details of Experience as Associate of Other Banks':

16. References - Industry / Market Reference

Name & telephone number of contact person _____

Name of the associate: _____

Name & telephone number of contact person: _____

Name of the associate: _____

17. (a) Employee Details of Authorized Car Dealer:

Total No. of Employees	Sales / Marketing Staff	Tele Callers	Others

(b) Personal Details of the Employees:

(i) Name of the Employee:

Contact No.:

Qualification:

Residential Address:

Details of Previous Employer:

Name:

Reasons if any for discontinuing from previous Employer:

Last 3 Months Performance:

Total Leads Generated No./Amount	Total Business Mobilised No./Amount

(ii) Name of the Employee:

Contact No.:

Qualification:

Residential Address:

Details of Previous Employer:

Name:

Reasons if any for discontinuing from previous Employer:

Last 3 Months Performance:

Total Leads Generated No./Amount	Total Business Mobilised No./Amount

(iii) Name of the Employee:

Contact No.:

Qualification:

Residential Address:

Details of Previous Employer:

Name:

Reasons if any for discontinuing from previous Employer:

Last 3 Months Performance:

Total Leads Generated No./Amount	Total Business Mobilised No./Amount

(iv) Name of the Employee:

Contact No.:

Qualification:

Residential Address:

Details of Previous Employer:

Name:

Reasons if any for discontinuing from previous Employer:

Last 3 Months Performance:

Total Leads Generated No./Amount	Total Business Mobilized No./Amount

