APPLICATION FOR CITIGARDENS DEALERSHIP

COMPANY DETAILS *(fill in marked * boxes in Block Capital Letters. Leave a space after every word)*

COMPANY NAME * :

OWNERSHIP : ☐ PROPRIETOR ☐ PVT. LTD

OF BUSINESS ☐ PARTNERSHIP ☐ PUBLIC QUOTED

DIRECTOR'S / PROPRIETOR'S NAME : *

BUSINESS REG. NO. :

BUSINESS REG. DATE : D D M M Y Y Y Y

ADDRESS * :

NIC No :

POSITION :

PERMANENT ADDRESS * :

DISTRICT :

TELE/FAX :

EMAIL :

WEB :

TELE/FAX :

MOBILE :

BANK ACCOUNT DETAILS

BANK	BRANCH	TYPE OF ACCOUNT	ACCOUNT NUMBER

GUARANTEE

BANK GUARANTEE AMOUNT

VALIDITY PERIOD :

CONTACT PERSON *

NAME :

DESIGNATION :

DEPARTMENT :

MOBILE :

TELEPHONE NO :

IF YOU ARE AN EXISTING AGENT /DEALER FOR ANY OTHER COMPANIES, PLEASE SPECIFY

SUPPLIER'S NAME	PRODUCTS	VALUE OF PURCHASE PER 3 MONTHS	DISCOUNT RATE	PAYING SYSTEM

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION : COPY OF BUSINESS REGISTRATION CERTIFICATE ☐ * NIC COPY 1 ☐ 2 ☐

WE CERTIFY THAT THE INFORMATION GIVEN HERE IN ARE TRUE AND CORRECT. IF ANY CHANGES , WE WILL NOTIFY WITHIN 14 DAYS

** ..... APPLICANT'S SIGNATURE/ DATE

** ..... RECOMMENDING OFFICER'S SIGNATURE/ DATE

FOR OFFICE USE ONLY

COMMENT OF PURCHASE

DATE APPLICATION RECEIVED D D M M Y Y Y Y

DATE APPROVED D D M M Y Y Y Y

STATUS : ACCEPTED ☐ REASONS

REJECTED ☐

..... SIGNATURE OF RECOMMENDING OFFICER-DATE

..... MANAGER / CEO- DATE