



APPLICATION FORM FOR KINOL DISTRIBUTORSHIP

KINOL
METAL WORKING FLUIDS

APPLICATION FORM

| | | | |
|-----------------------|-----------|--|--|
| NAME OF THE COMPANY | | | |
| OFFICE ADDRESS | | | |
| | HANDPHONE | | |
| | LANDLINE | | |
| | EMAIL | | |
| | WEBSITE | | |
| E.C.C NUMBER | | | |
| C.S.T NUMBER AND DATE | | | |

| PARTICULARS OF OFFICE | |
|---------------------------------------------------------------|--|
| SPACE AVAILABLE (SQ FEET) | |
| LOCATION (COMMERCIAL/RESIDENTIAL) | |
| DISPLAY ARRANGEMENTS | |
| WAREHOUSING FACILITIES | |
| NUMBER OF YEAR IN PRESENT PREMISES | |
| NAME & ACTIVITIES OF OTHER COMPANIES SHARING THE ABOVE OFFICE | |

| PARTICULARS OF TEAM MEMBERS | | | | |
|-----------------------------|------|---------------|-------------|----------------|
| S.N O | NAME | QUALIFICATION | DESIGNATION | RESPONSIBILITY |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| PARTNER/PROPRIETOR/ DIRECTOR PROFILE | |
|--------------------------------------|--|
| NAME | |
| AGE | |
| QUALIFICATION | |
| RESIDENTIAL ADDRESS | |
| HANDPHONE(S) | |

| DETAILS OF OTHER BUSINESS ACTIVITIES | | | | | |
|--------------------------------------|--------------|---------|-------------|----------|----------|
| S.NO | NAME OF FIRM | ADDRESS | DESIGNATION | PRODUCTS | TURNOVER |
| | | | | | |

| COMPANY PROFILE | | |
|-----------------------------------|-----------------------------------------------------------------|----------------------------------|
| TYPE OF FIRM | PARTNER/PROPRIETORY (PLEASE FURNISH COPY OF LATEST DEED/MOA) | |
| DATE OF ESTABLISHMENT | | |
| NAME OF THE PARTNER/PROP/DIRECTOR | DESIGNATION | RESIDENTIAL ADDRESS & CONTACT NO |
| | | |
| | | |
| | | |

| NAME OF THE KEY PERSONS RESPONSIBLE FOR KINOL BUSINESS | | |
|--------------------------------------------------------|------|-----------|
| | NAME | SIGNATURE |
| SIGNING AGGREEMENTS/ ORDERS/CHEQUES | | |
| MANAGING KINOL BUSINESS | | |

| NAME OF THE RECOGNISED COMPANIES FOR WHICH FIRM IS AUTHORISED STOCKIST/DISTRIBUTOR AND PRODUCTS HANDLED (IF ANY) | | | | |
|------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|----------------|
| S.N O | COMPANY REPRESENTED | PRODUCT(S) HANDLED | TURNOVER | REGION COVERED |
| | | | | |

| TOTAL TURNOVER FOR LAST THREE YEARS | |
|-------------------------------------|----------|
| YEAR | TURNOVER |
| | |
| | |
| | |

| BANK DETAILS | |
|-------------------------|--|
| BANKER'S NAME & ADDRESS | |

| PROPOSED INVESTMENT IN DISTRIBUTORSHIP APPLIED FOR |
|----------------------------------------------------|
| |

HOW DO YOU PROPOSE TO RAISE MARKETING ACTIVITIES

| |
|--|
| |
|--|

WHEN CAN YOU COMMENCE OPERATION IF APPOINTED AS KINOL DEALER

| |
|--|
| |
|--|

REGION FOR WHICH YOU ARE INTERESTED TO TAKE UP DEALERSHIP

| |
|--|
| |
|--|

PLACE :

SIGNATURE

| | |
|--|--|
| | |
|--|--|

DATE :

COMPANY
SEAL

| | |
|--|--|
| | |
|--|--|