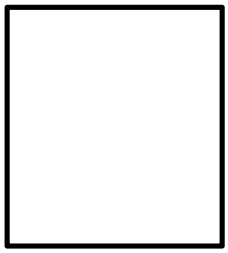
APPLICATION FORM

ATSAN GASES PVT LTD

1. Distributorship Location
(Please specify Area, City, and District)
……
……
……..
……



2. Name of Applicant: Mr./ Mrs. / Ms. …….

3. Address for Communication: ……
……
……
……

4. Contact Numbers:……Email:……..

5. Date of Birth:……..

6. Sex: Male / Female……

7. Constitution of the Applicant : Proprietorship / Partnership/ Pvt Ltd, / Public Ltd / Society
……
……

8. a. Name of the Proprietor / Partners / Directors:……
b. Name of the Proposed Agency: ……

9. PAN……..

10. If any of the applicant's business is related to LPG (Please elaborate)……
……
……..

11. Are you having a godown facility? If yes, address of the Godown.
: Yes / N0. ……

12. Are you having a showroom in the area of operation?
: Yes / No. ……IF YES, address of the showroom:……..

13. Capital proposed for investment in distributorship Business:
i) Own Fund:……
ii) Borrowing:……

14. Any other resources you have, that can be Deployed for ATSAN GAS distributorship
(Delivery vehicles, manpower
etc……

15. Have you applied for LPG distributorship of any other LPG Company? If so, please give details:……

16. Are you or your relatives, dealers / distributors of any Oil Company? If so, please give details……

17. Do you have any prior knowledge of LPG cylinder? Yes/No……

18. Which segment/ type of customers you propose to target for ATSAN GAS, distributorship - (Commercial 15kg, 21kg, 33Kg)? ……

19. Details of other Companies that market LPG in your Area:……..

20. Details of the number of connections you expect to release in the first year of operation ……

Date : Place :

Signature
Name of Dealer.

FILL AND FORWORD TIS APPLICATION FORM ON
Email: atsanasesprivatelimited@gmail.com
WhatsApp@9678303332

100 METER DRAWING OF LPG GODOWN.

LOCATION DRAWING OF LPG OFFICE.