Application for ATTOCK LPG Distributorship

ATTOCK LPG

Personal Information

Name of Applicant :

CNIC No.

Father's Name:

Residential Address:

City: **Phone:**

Business Address:

Phone: **Fax:**

Email:

N.T.N: **S.T.R.N:**

Income Tax Payer or not:

Any Relation with Company Employee:

(If yes, please mention name & relationship)

- **Company Emloyee Name:**
- **Relation with Applicant:**

Business Experience

Name of Company/Firm:

Nature of Existing Business: **Registered** ☐ **Unregistered** ☐

Place of Business: **Annual Turnover (in Rs.):**

Established Since: **Capital Involved:**

Status of Applicant Business: Sole Proprietor ☐ Partnership ☐ Pvt. Ltd ☐

Partner Name: **CNIC No.**

Are you presently holding any Distributorship/Agency of any other LPG Marketing Company? If yes, Please provide below details:

Name of Distributorship: Duration:

Sales/ Month (MT): No. of Customers/ Connections:

Cylinder Base Stock:

Please give names & Addresses of two Businessmen references of you market.

Name: Address:

Name: Address:

If already a distributor for an FMCG/POL product other than LPG ,provide

Name of Company:

Attock LPG Distributorship Requisites

Business Premises: Retail Franchise Outlet ☐ Warehouse ☐

Location of Franchise Outlet & Warehouse

Size of Outlet & Warehouse:

Self-Owned or Rental:

Contact Details: ☎ 📱

✉ 🖷

Firm Name under which Attock LPG Distributorship will be operated:

Distributorship required for City/ District :

Population of the Area: Specific Location:

Gasified/Ungasified:

Would you be willing to relocate if the distribution and marketing location is not suitable? Yes ☐ No ☐

If yes, Address:

How will you manage to operate your business?

What is the expected no. of customers/consumers you will able to capture after six months:

How many cylinders per month initially you will be able to sell after start of Attock LPG Agency:

11.8kg: ☐

15kg: ☐

45.4kg: ☐

Total Cylinders: ☐

Will you operate the distributorship as Sole Proprietor/Registered firm/Partnership, if Partnership, give name of Partners:

1) Name:

2) Name:

3) Name:

Vehicle to be used for filling of cylinders:

Owned ☐

Rented ☐

If owned, then mention

No. of Vehicle:

Type of Vehicle:

Model of Vehicle:

Number of LPG Agency existing in the area:

Please mention the name of any strong LPG agency in your area:

Name:

Name:

What motivates you to join APL as its distributor?

How would you counter an aggressive competitor in your area?

How did you first hear about APL?

I am willing to deposit Rs. _____ as a refundable security deposit for the cylinders.

As part of OGRA compliance requirements, please confirm the following details for the premise:

The premise is located at a safe distance from welding shops, hotels, or any place with an open flame: Yes ☐ No ☐

All electrical wiring is properly concealed: Yes ☐ No ☐

There are no sources of ignition or open flames within the premise: Yes ☐ No ☐

The premise is well-ventilated: Yes ☐ No ☐

The construction is made of combustible materials such as wood: Yes ☐ No ☐

Undertaking

I_____Son of/ Daughter of / Wife of_____hereby confirm that the information given above is true and correct. Any wrong information /misrepresentation/ suppression of facts will make me ineligible for this LPG distributorship. I under-take to abide by the terms and conditions as laid down in the Attock LPG standard Distributorship Agreement/ Offer letter or any other instructions issued by Attock LPG authorities from time to time.

Name of Applicant: _____ **Signature:** _____

Date: ___/___/____

✓ **Please Attach the Following Documents with Distributorship Form**

- CNIC Copy
- N.T.N Card/ Certificate
- Bank Statement
- Trade References
- Shop/Store Photographs
- Ownership Documents/Rental Agreement for the premises
- Attach copy of Partnership deed (If applicable)
- S.T.R.N Certificate
- Applicant Passport Size Image
- Location Map/Census Data
- Please provide a detailed list specifying whether the LPG will be supplied to Companies, Sub-Distributors, households, commercial establishments, industrial units, hotels, or restaurants as per Annexure A.