

KAPL - DEALERSHIP ENQUIRY FORM

a). Self introduction of Applicant for dealership of KAPL products.

b). Please provide all the required informations.

1). Interested location : _____

2). Name : _____

3). Address : _____

4). Contact No. : _____

e-mail : _____

5). Date of Birth : _____ Age till Date : _____ Years

6). Education : UG/PG/ Subject : _____ Others: _____

7). Major Occupation : _____ Agriculture / Business / Govt. Employed / Employed in Pvt Sec / Self Employed / Others

8). Detail of occupation : Company Name : _____

Total Year of Experience : _____ Years

Designation : _____

If business, specify Turn over : _____

Fund invested (in Lacs) : _____

9). Fund proposed to invest for KAPL dealership : Lacs.

10). Any Business Experience with Automobile Industry : Yes No

If Yes, Please Specify : 2W / 3W/ 4W/ LCV / HCV / SPARES / OTHERS _____

Dealership of company : _____

Experience : _____ Years

11). How do you know about our company: _____ News Paper / Magazine / internet / Reference / Others/Field Survey

12). Any other information you want to provide :

Signature of Applicant

Date : _____ Place : _____