



KARAKORAM MOTORS (PVT.) LTD.

Plant: F-8, S.I.T.E. Industrial Area, Karachi-75730
Tel: 2585314-15, Fax: 2585316

Head Office: 9-C, 13th Commercial Street , Phase II, (Ext.) D.H.A, Karachi.
Tel: 5894428-29, Fax: 5894432

Application for Dealership

CHANGAN
GONOW
LIFAN 520

Vehicle sales Spares Parts Sales Service /Workshop

AA. LOCATION:

City / Town/District : _____

BB. APPLICANT:

NAME : _____

FATHER'S NAME : _____

DATE OF BIRTH : _____

ADDRESS : _____

N.I.C # : _____

PHONE NR. : _____

CELL NR. : _____

FAX NR. : _____

E-MAIL. : _____

CC . COMPANY:

LEGAL NAME OF CO. : _____

BUSINESS ADDRESS : _____

PHONE NR. : _____

FAX NR. : _____

E-MAIL. : _____

Owner (s) Name : _____

Operator (s) Name : _____

Year of foundation : _____

Company Share Holders (Name & address: _____

: _____

N.T.N # : _____

G.S.T # : _____

Currently Dealership For : _____

Other Auto Experience & Sales Figures Last 3 Years : _____

CC. FACILITY:

(PLS. MENTIONED/OWNED/LEASED/SUB LET.)

Existing (Since) : _____

Expansion Req'd. : _____

Under Planning : _____

Showroom (Size in Sq. ft.): _____

(Location): _____

Storage Area Size : _____

Workshop Size : _____

Spare Parts (SR) size : _____

DD. **MANAGEMENT** (Name + Working Since)

CEO/COO/GM : _____

Finance Manager : _____

Sales Manager : _____

Service Manager : _____

Parts Manager : _____

Sales Man : _____

Sales Engineer/Tech. : _____

EE. **FINANCIAL STATUS**

Total Value of Assets Rs. _____

Liabilities (Bank Loan Etc.) Rs. _____

Value of Inventory (in hand) Rs. _____

Income (Self Generated, From Investors, Bank Loan Etc.) Rs. _____

Approx. Amount can be invested. Rs. _____

Signature of Applicant. _____

Date. _____

PS. (Use Additional Sheet if required)

(NOTE)

- 1. Attached Six Month recently Bank Statement along with the Application form.**
 - 2. Send us 03 photos of your showroom.**
 - 3. Mention the specification of any related dealer of Motorcycle near your showroom area, town.**
 - 4. Form with incomplete or misinformation will not be considered.**
-

UNDERTAKING

I,(applicant)_____ hereby confirm that the above information is correct and reliable.

Note:

All the given information will be kept confidential and will be for internal use only. Signature: _____

Photocopies of the forms will not be acceptable. Date: _____