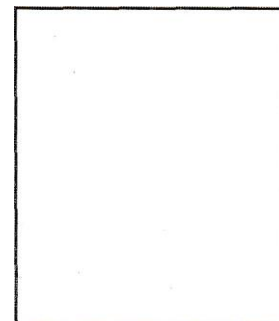


Dealer Appointment Form

1. Location:
2. Revenue District:
3. State:
4. Name
5. Father's/Husband Name:
6. Address:



7. Tel No ----- Mobile No.

8. Nationality:

E-Mail ID :

9. Date of Birth:

10. Educational Qualifications:

11. Gender:)

12. Marital Status: (Married/Unmarried/Widow/Widower/Divorcee).

13. Are you or any of the members of the "Family Unit" is dealer or LOI holder of any MS -iSD , SKO LDO dealership or LPG distributorship of any oil company*No (Yes/NO).

14. Gross Income during Last Financial Year ended 31.03. (In Rs.)

15. Present Occupation:.....

16. In case you are an Income Tax Assesse, please furnish PAN NO:

17. Do you have business / selling experience? If yes, give details:

Business/Company Name	Product/s	No. of Years in current business	Annual T irnov ^o r	No. of Employee

18. Primary Occupation in Trading area:..... (Trading/Industry/Service)Others:.....

19. Details of Shop: Total Area:540 (In SqMtr) Frontage :20 (In Ft)

20. Business Potential (Trading Area):

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New Customer Enrollment-Trading Area			
	1 st Year	3 rd Year	
Domestic			
Non- Domestic			
Refill Sales (In MT)-Trading Area			
	1 st Year	3 rd Year	5 th Year
Domestic			
Non- Domestic			

21. Present source of supply of LPG in Trading Area:

Company Name :.....(IOC/BPC/HPCL/SUPER GAS/PURE GAS/PURTI GAS/GO C \S/Of hel s.....

22. Trading Area Details:

Official Rate: Domestic..... Non-Domestic.....

Available Rate: Domestic..... Non- Domestic.....

Approx. No. of Connections: Domestic..... Non- Domestic.....

Sales: Domestic(In MT)..... Non-Domestic.....(In MT)

23. Manpower Details: No. of Employees;

Manager/Supervisors:

Salesman:

Technicians:

Delivery Boys:

24. Bank Details:

Name of the Bank:

Address:

Bank A/c No. :

MICR/IFSC Code:

Undertaking:

I, hereby certify that the information given above is true to the best of my knowledge and belief. Any wrong information / suppression of facts will cancel my appointment as distribution outlet.

Place:

Signature:

Date:

Name:

Sixth Sense

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