



BLESSINGS GAS (PVT) LTD

House # 277, Street 100, I-8/4, Islamabad

Phone: 92-51-4901531

Fax: 92-51-4901532

Email: blessgas@hotmail.com

URL: <http://www.blessgas.com>

APPLICATION FOR DISTRIBUTORSHIP

(For the Sale and Handling of Liquefied Petroleum Gas Cylinder)

1. Complete the entire application and submit with Rs. 500 application fee (non refundable).
2. The applicant must be at least 21 years of age.
3. The applicant must submit evidence at least one year experience in the (LPG) liquefied petroleum gas business or proof of attendance at safety and handling training classes of LPG.
4. Submit a certificate of liability insurance.
5. Submit one year bank statement(s). Attach copy of National ID card(s).
6. All applicants must submit a plan showing proposed storage area and safety guidelines. Notify this office when you are ready for final inspection of storage area.

Note: Security Deposit (for correct amount of security deposit please contact Head Office) should be submitted after approval of application. Only Bank drafts are acceptable for security deposit.

Application ID:.....
Date Received:.....

BLESSINGS GAS (PVT) LTD

APPLICATION FORM FOR DISTRIBUTORSHIP

A. GENERAL INFORMATION:

1. Name of the firm :
.....
2. Name of the Owner:
.....
3. National Identity Card Number:
.....
4. Names of Partners / Directors: (Please attach copies of NICs)
 1. 2.
 3. 4.
5. Address of the firm: (Rubber Stamp Preferable)
.....
.....
6. Contact person and designation (if other then applicant):
.....
7. Contact Numbers. :
Office: Home: Fax:
Mobile: E-mail:

B. BUSINESS INFORMATION:

1. Year of establishment:.....
2. Nature of Business:.....
3. Showroom Location & Storage Space:
.....
4. Bank's Name & Address:
.....
5. Bank Account No.
.....

Application ID:.....

6. No. of Cylinders: a) Residential (Minimum 200) b) Commercial (Minimum 50).....

7. Can invest upto :

8. Location of Distribution: a) b)

I, S/o. do

hereby declare that the information furnished above is true to the best of my knowledge and belief. I hereby apply for distributorship of Blessing Gas (Pvt) Ltd.

Date:.....

Signature:.....

FOR OFFICE USE ONLY

(To cover the market reputation, Dealer's potential, Dealer's personal back ground etc.) Security Deposit Amount:..... Bank Draft #

Date:

.....
Sales Executive

Recommendation of the Manager

.....
.....
.....

Date :

.....
Manager-Marketing

Approved

Not approved Reason (if not approved) :

.....
.....

Date :

.....
Managing Director