**Channel Partnership Application Form.**

(Kindly attach extra sheets wherever required)

1. **Organization Details:**

|  |
| --- |
| Name of the organization:  |
|  Address:  |
| * 1. Landline:
	2. Mobile:

E-mail:  * 1. URL :
 |

1. **The Firm/ Organization:**
	1. **Status of the Firm (Pl. Tick)**
* Sole Proprietorship 
* Partnership 
* Private Limited 
* Public Limited 
* Corporation 
* Government Enterprises 

If any other

(Please specify)

|  |  |
| --- | --- |
| **2.2. Type of Origin (Pl. Tick)**    If any other [Pl. specify] | **2.3. Type of Organization (Pl. Tick)**     If any other [Pl. specify] |

**2.2. Details of Proprietor/Partners/Directors/Key Person:**

Name: 

Designation:  Age:  Gender: **Select**

Email id:  Cell No.: 

Qualification:  Experience: **Select %** Holding:

Name: 

Designation:  Age:  Gender: **Select**

Email id:  Cell No.: 

Qualification:  Experience: **Select %** Holding:

Name: 

Designation:  Age:  Gender: **Select**

Email id:  Cell No.: 

Qualification:  Experience: **Select %** Holding:

1. **Manpower:**
2. Technical & Service : **Click to select**
3. Sales & Marketing : **Click to select**
4. Office Admin, Accounts & Finance : **Click to select**
5. **Infrastructure:**
* Office Area : 
* Service Area : 
* Ware house : 
1. **List of Membership/Certification:**
* ****
* ****
* ****
* ****
1. **Current Association/Collaboration:**

 ****

****

****

****

****

1. **Statutory Documents:**

|  |  |
| --- | --- |
| **Certificates** | **Registration Number** |
| Value Added Tax (V.A.T.) |  |
| Central Sales Tax (C.S.T.) |  |
| Permanent Account Number (P.A.N.) |  |
| Tax deduction Account Number(T.A.N.) |  |
| Central Excise Number  |  |
| Service Tax Number (S.T.) |  |
| Import Export Code Number (I.E.C.) |  |
| ISO Certification Number |  |

1. **Current Business Model:**
* MISSION:
* VISION:
* ORGANISATION STRUCTURE: [Please attach extra sheet of organization tree]
1. **Current Business Operating:**
* Current product Line/Service**:**
* Average Pricing of your product/Project/Services :

Select from list Select from list Select from list

* Current Target Industries:

    

   

   

    

 Please specify if any other than listed above:

* Current Target Region [City/State/Country/Continent]:

  

  

1. **Sales Activity:**
* Current sales cycle:
* Current Marketing Activity:
* Current Advertising Activity:
1. **List of Major Client:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Customer Name** | **Product/Service offered** | **Location** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Financial Strength:**

|  |  |
| --- | --- |
| **Turnover** | **Value** |
| Financial Year 2018-19  |  |
| Financial Year 2017-18 |  |
| Financial Year 2016-17 |  |
| Financial Year 2015-16 |  |

1. **Future Projection:**
* Business plan for the next 3 years:
* Projected % increase in Manpower in next 3 years:
1. **Major Breakthrough Achieved/ Awards:**
2. Your idea to make the Chemtronics Technologies (India) Pvt. Ltd. Franchisee / Dealership a success?
3. Any Suggestions / Remark / Instructions?

To,

**Chemtronics Technologies (India) Pvt. Ltd.**

Mumbai

 I confirm that the details given above are complete and are true to the best of my knowledge. I also accept that my filling in the application form does not in any way confirm my appointment as a Franchisee and that this appointment is at the sole discretion of Chemtronics Technologies (India) Pvt. Ltd.

Date:  Signature:

Place: 

Name: 

 Designation: 

**Note 1: Kindly fill up the attached document and mail it to** **chemozone01@chemtronicsindia.com****.**

**Note 2: We assure you that the information given in this form will be kept confidential & will never be shared by Chemtronics in any form & any purpose. It is only for Chemtronics internal use.**