



The ultimate in clean power

Numeric Power Solution Provider Application Form

Name of the organization : _____

Address for communication : _____

Phone: _____ **Fax :** _____ **Web:** _____

Email : _____

Type of Organization : Propertiorship / Partnership/ Private Limited
(Incase of Partnership Pl provide the Agreement copy)

Year of establishment :

Contact person :

Mobile No :

Registration Detail : ST :
: CST:

Current Brands dealt :

Name of Brands	Type (Distributor/ Dealer/Reseller)	Since when	%

Type of Clients

Customer type	%
Banks & Insurance	
Corporate	
SME	
Telecom	
HOME	



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Financials

Capital Employed : Own- Borrowed-

Bankers Detail :

Last 3 years performance

Year	Year 1	Year 2	Year 3
Turn over in Rs.Lacs			

Office Space : Area Sq.ft

Showroom : Address

Area: Sq.ft

Manpower

Total No of Employee
Technical staff
Non Technical staff

Three core strengths : 1.

2.

3.

Business outlook for NPSL: Year 1
Year 2

Investment for NPSL : Rs. Lacs

Date of Birth :

Anniversary Date :

Any other informations :

Place:

Date:

Authorised Signatory

Seal