



**MARKETING DIVISION**

**APPLICATION FOR DEALERSHIP IN FACT**  
**ANNEXURE II**

1. Name of the Applicant Firm: .....

2. Name of the proprietor (and partners, if any)/ Manager: .....

.....

3. Age & Qualification: .....

4. D. No & Full Address with PIN code: Village/ Mandal/Taluk / District/State:

.....

.....

5. GST NUMBER: ..... PAN: .....

AADHAAR: .....

6. Telephone/Mobile: .....

7. E-Mail: .....

8. IFMS ID: Wholesaler: ..... Retailer: .....

9. Category: General / OBC / SC / ST (If SC/ST attach copy of Caste certificate)

10. If Partnership firm, attach partnership deed copy

If Co-operative firm, attach Resolution/ copy of the Certification of Registration

11. Fertilizer License No. & Validity:

Wholesaler: .....

Retailer: .....

12. Major Crops in/around your place of business:

| Villages/Markets | Crops | Acreage | Kharif | Rabi/summer |
|------------------|-------|---------|--------|-------------|
|                  |       |         |        |             |
|                  |       |         |        |             |
|                  |       |         |        |             |

13. If already in fertilizer business, specify companies and annual off take from each firm during last 2 years

| Firm | Product | 2016-17 (MTs) | 2017-18(MTs) |
|------|---------|---------------|--------------|
|      |         |               |              |
|      |         |               |              |
|      |         |               |              |
|      |         |               |              |
|      |         |               |              |
|      |         |               |              |
|      |         |               |              |

14. Godown Area: Own (Sq. Ft) ..... Hired (Sq. Ft) .....

15. Nearest Railhead & distance (in Kms): .....

16. Nearest FACT Sales point/warehouse & distance: .....

17. Number of Fertilizer Dealers operating in this location and estimated total annual sales: .....

18. Details of property in the name of proprietor/partners/firm

| Asset | Address | If Hypothecated/<br>Pledged | Appx. Value (Rs.lakhs) |
|-------|---------|-----------------------------|------------------------|
|       |         |                             |                        |
|       |         |                             |                        |
|       |         |                             |                        |
|       |         |                             |                        |

20. Estimated Annual off take of fertilizers if FACT Dealership is given:

| Products      | Kharif | Rabi | Total (MT) |
|---------------|--------|------|------------|
| Factamfos     |        |      |            |
| Amm. Sulphate |        |      |            |
| MOP           |        |      |            |
| Organic       |        |      |            |
| Others        |        |      |            |
| Total         |        |      |            |

21. Whether in possession of PoS machine? YES / NO

22. Has the applicant ever been booked under the ECA/FCO Act? If so, give details

I/We confirm that the information given above are true. In case any information is found incorrect even at subsequent stage, FACT Management will have the sole discretion for termination of dealership forth with. I/We also undertake to abide by terms and conditions of appointment. We hereby authorize Mr/Ms .....  
Proprietor/ Managing Partner to deal with you and bind ourselves individually and severally for any liability arising out of this dealership.

Place

**Signature of the applicant**

Date:

(Seal of the firm)

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