



**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	2017-18 (MTs)	2018-19(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/ 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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