|  |  |  |
| --- | --- | --- |
| (For Office use Only) | Application No. | Date of Receipt of Application |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Demand Draft No. | Demand Draft Date (DD/MM/YYYY) | Name of Bank | Document Ref. No. |
| Application Fee Detail (Rs. 5000) |  |  |  | C2 |
| EMD Details  (Rs. 2 Lakh) |  |  |  | C1 |

|  |  |  |  |
| --- | --- | --- | --- |
| Sr No. | Header | Details | Document No. |
| 1.a | Location applying for |  | - |
| 1.b | All locations applied for  (in case of multiple applications) |  |  |
| 1.c | Preferred Location (in case of multiple applications) |  |  |
| 2 | Nature of Applicant  (Proprietary Firm/ Partnership Firm/LLP Firm/ Private Ltd Company/Public Ltd Company) |  | C3 |

**Details of Firm/Company:**

|  |  |  |  |
| --- | --- | --- | --- |
| 3 | Name of Applicant (Firm/Company Name) |  | C4/C5 |
| 4 | Registered Address of the Applicant (Firm/Company) |  | C6 |
| 5 | Correspondence Address of the Applicant  (if different from above) |  | C7 |
| 6 | Office phone number of firm/companies |  | - |
| 7 | Official Email ID of firm/company |  | - |

**To be filled by Proprietary Firm:**

|  |  |  |  |
| --- | --- | --- | --- |
| 8 | Name of Designated Person (Name of Proprietor) |  | A1 |

**To be filled by Partnership Firm/LLP Firm/Limited Company:**

(Maximum 2 designated persons can be nominated)

|  |  |  |  |
| --- | --- | --- | --- |
| 9 | Number of Partners/Directors |  | C8 |
| 10 | Name of 1st Designated Person |  | A1 and C9 |
| 11 | Designation of 1st Designated Person |  |
| 12 | Name of 2nd Designated Person (Optional)  (In case 2 designated persons nominated) |  |
| 13 | Designation of 2nd Designated Person (Optional) |  |

**14. Details of Partners/Directors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr No. | Name | Shareholding (%) | PAN No. | Contact Number |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

*Document Ref. No.C8*

**15. Details of Designated Person(s)**

|  |  |
| --- | --- |
| No. of Designated Person (1 or 2)  (Document Ref. No. A1) |  |

Self-Attested Photograph of 2nd Designated Person

C10

Self-Attested Photograph of 1st Designated Person

C10

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No.** | **Information** | **Details of 1st Designated Person** | **Details of 2nd Designated Person (If Applicable)** | **Document Ref. No.** |
| (i) | Name |  |  | A1 |
| (ii) | Father/Husband Name |  |  |
| (iii) | Nationality |  |  | A2 |
| (iv) | Date of Birth (DD/MM/YYYY) |  |  | C11 |
| (v) | Gender  (M/F/Third Person) |  |  |
| (vi) | Highest Education Qualification (Completed) |  |  | C12 |
| (vi) a | Name of Qualification/ Degree |  |  |
| (vi) b | Year of Passing |  |  |
| (vi) c | Name of college/Institute |  |  |
| (vi) d | Name of University/Board |  |  |
| (vii) | Correspondence Address |  |  | C13 |
| (viii) | District |  |  |
| (ix) | State |  |  |
| (x) | Pin Code |  |  |
| (xi) | Phone No |  |  | - |
| (xii) | Email ID |  |  | - |

**17. Financial Details:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr  No. | Financial Year | 2021-22 | 2020-21 | 2019-20 | 2018-19 | 2017-18 | Average | Document Ref. No. |
| 17.1 | Turnover from **relevant business of applicant** (In Crore)  (Required for Eligibility Purpose)  (fill for at least 2 year) |  |  |  |  |  |  | A3 |
| 17.2 | Average **Total Turnover from all the business** of applicant (In Crore)  (Required for Marking purpose)  (Fill for at least 2 year) |  |  |  |  |  |  | A3 and C14 |
| 17.3 | Net Profit (In Lakhs)  (Last 2 year should be Positive) |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| 17.4 | Net worth of applicant as on 31.03.2022 |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| 17.5 | Liquid Assets of applicant as on 31.03.2022 |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **17.5. a** | **Details of Liquid Assets as on 31.03.2022** |  |
| (i) | Cash and bank balance |  | | | | | | C14 |
| (ii) | Deposit with banks, registered & other companies |  | | | | | |
| (iii) | Account receivables for sale of goods on credit, notes receivables, etc. |  | | | | | |
| (iv) | Interest receivables |  | | | | | |
| (v) | Investments by firm, supported by documentary evidences |  | | | | | |

**17.6 Bank Guarantee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 17.6. a | Commitment letter from Bank for Bank Guarantee (Mention Bank Name) |  | A4 |
| 17.6. b | Commitment Amount of Bank Guarantee for DCA operations (INR Cr.) |  |
| 17.6.c | Commitment Amount of Bank Guarantee for CS operations (INR Cr.) |  |

**18. Business Experience (PE/PP/PVC):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No.** | **Business Experience** | **Seller/Trader** | **(DCA/DCA-cum-CS)** | **Document Ref. No.** |
| 18.1 | Business Experience as: (Tick Mark) |  |  | A5, A6, A7 and C16 |
| 18.2 | No. of Years of Polymer Handling Experience in last **10 years** |  |  |
| 18.3 | Mention Financial Years of experience (ex: 2020-21, 2021-22…) |  |  |
| 18.4 | Polymers handled in the last 10 years.  (Mention name of polymer(s) handled, out of PE/PP/PVC) |  |  |
| 18.5 | Geographical area of business (Mention Major Market Names) |  |  |
| 18.6 | Copy of the agreement/ appointment letter, if the applicant is/was an authorized channel partner of any polymer manufacturer |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 18.6 | Annual polymer handling experience (Tonnes per annum) | **2021-22** | **2020-21** | **2019-20** | **Document Ref. No.** |
|  |  |  | A5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 18.7 |  | Details of different manufacturer where applicant is/was Authorized DCA/DCA-cum-CS/Dealer for PE/PP/PVC. | | | | |
|  | **Number** | | **Name of the manufacturer** | **No. of years served as DCA/DCA-cum-CS/ Dealer** | **Product Handled (PE/PP/PVC)** | **Document Ref. No.** |
| (i) | Manufacturer 1 | |  |  |  | C15 |
| (ii) | Manufacturer 2 | |  |  |  |
| (iii) | Manufacturer 3 | |  |  |  |

**19. Infrastructure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr No.** | **Header** | **Details** | **Document Ref. No.** |
| 19.1 | Availability of warehouse (Yes/No) |  | C17 |
| 19.2 | Warehouse Area (Sq. ft.) |  |
| 19.3 | Type of Ownership  (Owned/Leased/Commitment Letter) |  |
| 19.4 | Validity of Ownership (Years) |  |
| 19.5 | Warehouse Address |  |
| 19.6 | Warehouse Phone Number |  | **-** |
|  | **Office Details** |  |  |
| 19.7 | Availability of office (Yes/No) |  | **-** |
| 19.8 | Office Address |  | **-** |
| 19.9 | Office Phone Number |  | **-** |

**20. Business Plan Attached** *(Document Ref. No. C18)*  **Yes/No**

**21. Other Business Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Sr  No. | Header | Details | Document Ref. No. |
| 21.1 | Year of Establishment |  | C3 |
| 21.2 | GST Number of the Applicant (Firm/Company) |  | C4 |
| 21.3 | Pan No. of the Applicant (Firm/Company) |  | C5 |

**22. E-Mandate Attached** *(Document Ref. No. A8)*  **Yes/No**

I hereby verify what has been stated above is true to the best of my knowledge and correct and nothing material has been concealed therefrom.

Signature of Designated Person:

Name:

Designation: Company Seal:

Date: Place: