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Name of location: Signature of Applicant

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Name of location: Signature of Applicant

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APPLICATION FOR HPCL LPG System Solution Provider(SSP):	
(FORM TO BE FILLED UP IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PI	N)

14	Capability to Arrange Finance

Please note that marks will be awarded to applicant on capability to arrange finance based on the information given by the applicant on the Total Annual Income, Amount in Savings Bank Account, Value of investments in FD/Shares/MF etc., and ability to get loan from Banks/Financial Institution. On verification if it is found that the information given by the applicant is incorrect/ false/ misrepresented then the applicant's candidature will stand cancelled and will be ineligible for this LPG ESPS/SSP distributorship selection.

14.1	Total Annual Income of Last Financial Year:	Rs.
Amour	t in words:	
*Incom	e from Salary, property, business, agriculture, royalty et	c. pertaining to last Financial Year.

4.2 AMOUNT IN THE BANK*

ttach

affidavit (to be given by the family member as defined in eligibility criteria other than applicant)as per format given in Annexure-A5. The amount mentioned should remain in the bank for minimum period of 90 days from the last date of application or the LOI date which ever is earlier.

S NO.	Bank 1	Current	Name of account	Relation with			M	axim	num	Clo	sing	Bala	nce	*		
	Month and Year	Account/S.B.A/C	Holder	applicant												
1	M1				Rs											
2	M2				Rs										1	
3	M3				Rs										П	
4	M4				Rs										П	
	TOTAL	Average	of Maximum Balance*of	Bank1	Rs											
Total amou	ınt in words.															

S NO.	Bank 2	Current	Name of account	Relation with			M	axim	um	Clos	sing	Bala	nce'	*		
	Month and Year	Account/S.B.A/C	Holder	applicant												
1	M1				Rs											
2	M2				Rs											
3	M3				Rs											
4	M4				Rs											
	TOTAL	Average	of Maximum Balance*of	Bank 2	Rs											
Total amou	ınt in words.			•												

S NO.	Bank 1+2	Current	Name of account	Relation with		Ma	kimu	ım Cl	osing	g Ba	lanc	e* o	f Bai	nk 1	and	Ban	k 2	_
		Account/S.B.A/C	Holder	applicant														
1	Bank 1				Rs													
2	Bank 2				Rs													
3	Bank 3				Rs										. [
4	Bank 4				Rs										. [
	TOTAL	Average of Ma	aximum Balance*of Banl	c 1 and Bank 2	Rs													
Total amou	ınt in words.																	

*Please attach the Saving account /current acount details of the last three completed months (M1/M2/M3)preceeding the month in which the application is made for all the Banks(Bank 1 ,Bank 2 and so on.Refer illustration in the selection guidelines. Add separate sheets for more Bank statements wherever required.

14.3	FIXE	ED DEPOSIT/NSC/SHAR	ES/MF ETC OF FAMILY													Att	ach
	affidavit (to be given by the family member as defined in eligibility criteria other than applicant)as per format given in Annexure-A5.																
			•	1	1	1											
SNO	Э.	Type of Investment	Document Reference	Name of the	Relation	Initial			Value	e (A	۱mou	ınt)	as o	on th	e da	te	
		FD/NSC/Share/etc.	Number	Holder	with	investment											
					applicant	Amt.											
1							Rs.										
2							Rs.										
3							Rs.										
4							Rs.										
		TOTAL					Rs.										
Tot	tal a	mount in words.		•											·		

Name of location: Signature of Applicant

	ADDITION FOR LIBOURES	vistom Colution Dravidar/CCD).					
	(FORM TO BE FILLED UP IN CAPITAL LETT	ystem Solution Provider(SSP): ERS USING BLUE/BLACK BALL POINT PE	N)				
14.5 De	tails of the loan which can be obtained from Schedule Banks / Fir	nancial Institutions based on Bankers / F	inancial Instituti	ion cert	ificat	e to)
	tend loan as per Annexure A4	Date of a different	A	. ()	/D :	`	
Na	me and address of the Bank / Financial institution	Date of certificate	Amount	of Loar	ı (Ks	.)	
<u> </u>							_
16 De	tails of Current Orders in hand from prospective customers (Bulk	LPG/Bulk Propane - 10 MT PM or ND Pa	icked 10 MT PM	and ab	ove		
Sr. No.	Name of Industry	Work Order/PO NO.	Date	C	TY (I	MT)	_
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17* Do	tails of current Orders in hand (For Bulk LPG/Propane Transpor	tors only 10 MT DM and above)					
Sr. No.	Name of Industry/Customer	Work Order/PO NO.	Date	0	TY (I	MT)	_
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18 DE	CLARATION BY THE APPLICANT.						
Company i will be dec informatio	. Evaluation on document based marks will be done based on the if it is found that the information given by me/us is incorrect/ fals clared ineligible for LPG SSP Distributorship. I also confirm that I a an given by me in this application and if selected, failure to presen of false/unsupported information in documents	e/ misrepresented then my/our candida m in possession of the supporting docu	ature will stand o ments in origina	cancelle I for the	d ar	d I/\	We
-	aware that I will not be appointed as LPG SSP distributor if I am en e of my resignation from my employer before issuance of Letter c	· · ·	service and pro	duce pr	oof o	of	
	d the condition for the distributorship mentioned in the advertise ship for which I have applied for in this application.	ement and confirm that I fulfil the eligibi	lity criteria for t	he LPG	SSP		
19 I.		daughter of /son of/ wife of					
Sh	ri hereby confirm that t isrepresentation/ suppression of facts will make me ineligible for	he information given above is true and	correct. Any wro	ong info	rmat	ion	
Place		Sig	nature of applic	ant			
DATE			ne of applicant me in block lett	ers)			
Name of L	ocation	Sigr	nature of applica	ant			

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