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Dealer Registration Form

I/We hereby Certify and confirm that I / We have a business concern with the following

details:		
Organization Name:		
Company's Contact Person (Managing Direct	ctor / Partner / P	roprietor <u>)</u>
Type of Business Identity		
1) Proprietorship3) Pvt. Ltd	2) 4)	Partnership Public Ltd
Please Enclose copy of Memorandum in case case of Partnership / IT Return in case of Pro	se of Companies oprietorship	s,/Partnership Deed in
Organization Registered Address		
No of Branches (If Any)		
Phone Nos.		

Company Seal & Stamp

Authorized Signatory

Mobile Nos.				
Email id				
VAT Number (Kindly Attach Phot	осору)			
Permanent Account No. (Kindly Attach Photocopy)				
Service Tax No (Kindly Attach Photocopy)				
Full Details of the (Managing Director / Partner / Proprietor) Residence Address				
Full Details of the (Managing Dire	<u>ector / Partner / Proprieto</u>	r) Residence Address		
Full Details of the (Managing Dire	<u>Driving License No</u>	r) Residence Address Passport		
Name & Residential Address				
Name & Residential Address				

Company Seal & Stamp

Authorized Signatory

No. Contact Person)			
Credit Limit if any			
List of Trade References			
Company Name	Contact Person	Phone Nos	
Undertaking			
I/ We confirm that the information records of us.	on provided above is based o	n the facts and autho	
ompany Seal & Stamp	Autho	<u>Authorized Signatory</u>	