



APPLICATION FORM

Dealer ID Form No. 9000080113
Card Nos. Issued
1.

Zonal Office Regional Office
Sales Area Customer Type

Please fill the application form in CAPITAL letters only

Date:

Application for New Card

Cust ID
(Applicable for existing customers)

1. Customer / Organisation Name *

M / s / Mr. / Ms.

2. Name on card * (Max 22 Characters)

3. Address (Mandatory to fill Phone No. and Mobile No.)

Customer Name *

Flat (House No. / Land Mark) *

Street / Society Name *

Location *

City *

District *

State *

PIN *

Phone *

FAX

Mobile *

Email

4. Total No. of cards applied for

1

5. Documents enclosed

Copy of Driving License

Copy of Vehicle Registration Certificate

6. Vehicle Details:

Sr.No.	Vehicle No.	VIN	Vehicle Type (HCV / LCV / SUV / MUV / Car)
1.	DICV Card	DICV7100190077728	MCV



7.Declaration

I hereby agree to accept the terms and conditions governing DieseLaabh Card.I also declare that this form has been filled up by me /in my presence & the information provided in this application form is true to the best of my knowledge.I understand that if any information provided here is found to be incorrect or false, it could lead to a termination of my membership of the Daimler India Commercial Vehicles Pvt. Ltd. DieseLaabh program.

8.I also understand that Daimler India Commercial Vehicles Pvt. Ltd. reserves the right to revise the discount slabs offered to me without notice from time to time.

NAME

Date Signature