



APPLICATION FORM

1.

DICV Card

Dealer ID	100	09201902			Form No.	9000080113
Card Nos.Issued						
1.		7100190077728858				
J. C. San					33.00	
Zonal Office	NO	ORTH ZONE		Regional Office	DELHI RRO	
Sales Area				Customer Type	DICV Customer	
Please fill the applic	ation f	orm in CAPITAL letters only	Date:	27/06/2022		
Application for New	Card		Cust ID	2001164284		
Application for 14ew	Caru		Cust ID	(Applicable for existing cu	istomers)	
1.Customer / Organis	ation N	iame *				
1. Customer / Organis	uuon 1	M / s / Mr./ Ms. Ajay DICV				
2.Name on card * (N	Iax 22	Characters) AJAY				
3.Address(Mandator)	y to fill	Phone No.and Mobile No.)				
		Customer Name * Ajay DICV				
Flat	(House	No./ Land Mark) * ajay prakash test	test01 H70			
	Stre	et / Society Name *				
		Location * DELHI RRO				
		City * New Delhi				
		District * NORTH DELHI				
State * DELHI					PIN * 211022	
		Phone * 011-25252525			FA	X 022-14251425
		Mobile * NULL			Em	nail t_ajayp2@verifone.com
4.Total No.of cards a			1			
 Documents enclose Vehicle Details: 	d	Copy of Driving I	License	Copy of Vehicle	e Registration Certificate	
Sr No		Vehicle No		VIN		Vehicle Type(HCV /

BHARATBENZ

DICV7100190077728

Car)

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	Ajay DICV		
Date	27/06/2022	Signature	

BHARATBENZ