

# AYAN ENERGY LIMITED

LPG Storage and Filling Plant: Plot# 24, Phase 1-A, M-3 Industrial City  
 FIEDMC, Faisalabad. Tel: +92 41 5032926, 503-AYAN  
 Fax: +92 41 5032927 Web: www.ayanenergy.com

## PREQUALIFICATION

### **Application for AYAN ENERGY Distributorship**

(The information contained herein will be cross checked and will be kept confidential. Any misstatement or false claim will result in disqualification. Please ensure the required documents and information is provided duly)

At Town/City \_\_\_\_\_ District \_\_\_\_\_

#### **PERSONAL INFORMATION**

1. Name of the Applicant: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. N.I.C. No. \_\_\_\_\_
4. Address of the Applicant:
  - (a) Present: \_\_\_\_\_  
\_\_\_\_\_
  - (b) Permanent: \_\_\_\_\_  
\_\_\_\_\_
  - (c) Tel: \_\_\_\_\_  
 (Office/Shop) \_\_\_\_\_ (Residence) \_\_\_\_\_ (Mobile) \_\_\_\_\_
  - (d) Fax: \_\_\_\_\_

#### **BUSINESS INFORMATION**

5. Present Occupation
  - (a) Business/Other Occupation: \_\_\_\_\_
  - (b) Address: \_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_  
 Present LPG business (YES/NO) \_\_\_\_\_  
 If YES Please provide details

  1. Company Name: \_\_\_\_\_  
 Sales per month: \_\_\_\_\_  
 No. of LPG Cylinders: 11.8 KG \_\_\_\_\_ 15 KG \_\_\_\_\_ 45.4 KG \_\_\_\_\_  
 Other (Please Specify) \_\_\_\_\_
  2. Company Name: \_\_\_\_\_  
 Sales per month: \_\_\_\_\_  
 No. of LPG Cylinders 11.8 KG \_\_\_\_\_ 15 KG \_\_\_\_\_ 45.4 KG \_\_\_\_\_  
 Other (Please Specify) \_\_\_\_\_



6. **Distributorship required for Area/City/Town:** (Attach map of area) \_\_\_\_\_

Population: \_\_\_\_\_

Expected AYAN ENERGY sales per month: \_\_\_\_\_

For Area Distributorship state, cities, towns and villages where Agencies/sub Agencies shall be established:

**If Partnership or Private Limited Company**

(a) Partner's Name (Attach copy of partnership deed) \_\_\_\_\_

(b) Details of private Limited Company \_\_\_\_\_

**(Attach Memorandum & Articles of Association and Certificate of Inspection)**

7. Details of Transport, if owned: (Truck/Mini Truck/Pickup/Suzuki Van for self-collection or distribution of cylinders.

(a) Owned \_\_\_\_\_ (b) Rented \_\_\_\_\_

**8. Proposed Premises of your Agency**

(a) Location(s): \_\_\_\_\_

(b) No. and size of room(s): \_\_\_\_\_

(c) Rented or Owned: \_\_\_\_\_

(d) Attach the detailed location map

**FINANCIAL INFORMATION**

9. Are you registered under the sales Tax Act? (YES/NO): \_\_\_\_\_

**If yes, please give ST. Reg. No. Enclose copy of certificate of registration.**

10. Your Banker's information:

(i) Bank Complete Address: \_\_\_\_\_

Bank Manager's Name: \_\_\_\_\_

Contacts: \_\_\_\_\_

(ii) Bank Complete Address: \_\_\_\_\_

Bank Manager's Name: \_\_\_\_\_

Contacts: \_\_\_\_\_

**TERMS AND CONDITIONS**

11. I hereby confirm that I have read and understood the contents mentioned above. I have provided the necessary information to the best of my knowledge and belief and I have not concealed anything. I assure, that If I am allotted AYAN ENERGY's agency, I shall abide by the rules, regulations and instructions issued from time to time by AYAN ENERGY.

**Note:** THIS IS ONLY A PRELIMINARY APPLICATION FORM AND ITS COMPLETION/SUBMISSION BY THE APPLICANT DOES NOT CONSTITUTE OBLIGATION WHATSOEVER (LEGAL OR OTHERWISE) ON PART OF THE COMPANY.

AYAN ENERGY reserves the right to reject any application without giving any reason.

Encl. Survey form and map etc.

Date: \_\_\_\_\_

Signature of applicant  
Full Name and Mailing Address