



APPLICATION FORM (Dealer Service Branch / Authorised Service Centre)*

* Strike out whichever is not applicable

1) Name of Applicant

Ref No.	
Date	

2) Correspondence Address & Contact Numbers

City	Pin Code
Tel No	Fax
Mobile	e-mail

City Applied for	
Approx Vehicle Population in City	
No. of existing GMI workshops	
Distance from nearest GMI workshop	
Name of nearest GMI workshop	

3) Ownership & management details

Type of Ownership

Sole Proprietor	Partnership ^a	Public Co. ^b	Private Co. ^b
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a) Attach copy of Partnership, List of Partners & ITRs
b) Attach copies of MOA&AOA, List of Directors, 3 years Income Tax Returns

Proprietor / Partners / Manager details

Name	Age	Qualification	Position Held	% Financial interest

Who would actively manage the daily operations of the workshop ?

4) Proposed facilities

4.1a Site Address

4.1b Location^{c & d}

Highway	Main Road	Others
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Please attach 'c-Location Plan' & 'd-Plot Details' of facility to show its location with respect to main road / approach road on separate A4 sheet)

4.2 Area offered for workshop

Covered	M ²	Open	M ²	Total	M ²
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4.3 Total Area available

(If offered area is part of certain bigger area)

Covered	M ²	Open	M ²	Total	M ²
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4.4 Frontage of offered area

 Mtr

4.5 Ownership of land / building^e

Owned	Leased
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e) In case of own space, copy of sale deed, if property is lease then copy of lease deed/rent agreement

-- Contd to next page

4.6 If leased?

Lease Period	Yrs	Monthly Rent	Rs.
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4.7 Is it in your possession?

Yes	No	If No, When can you take possession?	
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4.8 Is the proposed building

Already Available	To be constructed	To be Renovated
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4.9 Layout plan of workshop attached

Yes ^{f & g}	No
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 Submit the 'f-Workshop Layout' & 'g-Elevation View' of workshop on separate A4 sheet)

5) Nature & turnover of present business

(Attach the latest balance sheet)

6) In case of an existing workshop, give following details:

6.1 Products handled

6.2 No. of vehicles attended / month

6.3 Yearly Revenue

 Rs.

 (in lacs)

 Rs.

 (in lacs)

6.4 No. of Service persons

6.5 Available major workshop equipment

7) Investment & sources of funds

Total investment planned for workshop

Sources of funds for above investment Own funds

Borrowed funds

Total funds

8) Any other relevant information for the proposal can be mentioned below.

Declaration

1. I / We have furnished the forgoing information which fully sets forth my true and accurate personal background and financial conditions as of the dates set forth here in. I hereby authorize GMI, to make any inquiries it may consider necessary to verify this information and will not consider such an investigation to constitute an invasion of my privacy as I realize this information is necessary for purposes of reviewing and evaluating this application.

2. I / We acknowledge that this Application is just for evaluation for appointment as Authorised Service Centre (ASC) that completion of the Application does not constitute appointment of the ASC and that GMI reserves its right to reject the Application without assign any reason.

Name and Signature of Applicant (s)

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For Regional Office use		Recommendations of Regional Office		For HO use			
Review at HO on				Review at HO on			
	Date				Date		
Received By	Sign			Area Service Manager	Regional Service Manager	Received By	Sign