

## APPLICATION FORM

APPLICATION FORM FOR REGISTRATION AS APPROVED CONTRACTORS OF HARYANA STORES DEPARTMENT BY SOLE SELLING AGENT DISTRIBUTORS OF MANUFACTURERS ABROAD/IN INDIA IN THE AREA

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1. Name of the firm:-.
2. Address :-
3. Head Office
  - i) Branch Office.
  - ii). Telegraphic address \_\_\_\_\_ Telephone No. \_\_\_\_\_
4. Is the firm Registered under.
  - (a) The Indian Companies Act,1912
  - (b) The Indian Partnership Act,193
  - (c) If not, who are the owner

Please give full address of all partners in the case of firm, extent of share held by each .
5. Are you a manufacturer's /Agent/Distributors ,if so please state.
  - (i) Name and address of each manufacturers.
  - (ii) Stores made by each manufacturer.
  - (iii) Do you held the sole Agency/ distributorship.
  - (iv) Do you also stock good as Agent/distributors ,if so please give details
6. Please give name and address of your bankers.
7. Are you on the list of approved contractors of any other Government . authority ,if so please give details and also attach a certificate of Registration.
8. Have you executed any Government contracts in the past 2 years ,if so please give details .

9. Are you a Income Tax Payer, if so please attach attested copy of the latest income tax clearance certificate and a latest copy of Power of Attorney of date for signing documents.
  
10. Please give an affidavit that your firm has not so far been black-listed/debarred by the Government Department

**DECLARATION TO BE MADE BY APPLICANT**

I/We have hereby declare that the above entries made by me/us on this day of \_\_\_\_\_  
200 are true to the best of my /Our knowledge.

Signature of Applicant

1. Witness \_\_\_\_\_

Address \_\_\_\_\_

2. Witness \_\_\_\_\_

Address. \_\_\_\_\_