



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

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

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		Open	
	M ²		M ²

Total	
	M ²

4.3 Total Area available

(If offered area is part of certain bigger area)

Covered		Open	
	M ²		M ²

Total	
	M ²

4.4 Frontage of offered area

 Mtr

4.5 Ownership of land / building^e

 Owned

 Leased

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

Approval for the issuance of LOI				
Remarks				
	D. Parashar	Adhinathan K		S. Garg
	Divisional Manager (Aftersales)	General Manager (Aftersales)	General Manager (Business Development)	Director (Operation)

4.6 If leased? Lease Period Yrs Monthly Rent Rs.

4.7 Is it in your possession? Yes No If No, When can you take possession? _____

4.8 Is the proposed building Already Available To be constructed To be Renovated

4.9 Layout plan of workshop attached Yes^{f & g} No e) 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 Labour Rs. _____ (in lacs) Parts Rs. _____ (in lacs)

6.4 No. of Service persons Manager / Advisor _____ Technicians _____

Apprentice / Helpers _____ Others _____

6.5 Available major workshop equipment

1
2
3

4
5
6

7) Investment & sources of funds

Total investment planned for workshop Rs. _____ (in lacs)

Sources of funds for above investment Own funds Rs. _____ (in lacs)

Borrowed funds Rs. _____ (in lacs)

Total funds Rs. _____ (in lacs)

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)

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