



THIS APPLICATION DOES NOT OBLIGATE EITHER PARTY IN ANY MANNER.

DISTRIBUTOR/DEALERSHIP (FRANCHISEE) APPLICATION

YES, I AM INTERESTED IN BECOMING A DISTRIBUTOR/DEALER/FRANCHISEE FOR **Triveni Solar** .

I AM PLEASED TO PROVIDE THE FOLLOWING DETAILS :

PERSONAL DATA



Name: _____

Mobile: _____

Website : _____

HOW DID YOU FIRST LEARN ABOUT TRIVENI SOLAR ? _____

SUBSEQUENT EXPOSURE(S) TO TRIVENI SOLAR , IF ANY? _____

WHAT PROMPTED YOUR INQUIRY? _____

LOCATION PREFERENCES (City or Town): _____

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

PLEASE DESCRIBE THE REASONS FOR CHOICE OF CITIES (INCLUDING REASONS LIKE BUSINESS CONNECTIONS, FAMILY CONNECTIONS, MARKET POTENTIAL, ETC.) :



EDUCATIONAL BACKGROUND:

	SCHOOL/LOCATION	MAJOR	DEGREE(S)	Which year ATTENDED
HSC (10+2)/Graduation /Highest qualification				

BUSINESS EXPERIENCE: List previous employment beginning with most current or recent.

COMPANY	TYPE OF BUSINESS	POSITION	ANNUAL TURNOVER	RESPONSIBILITIES

MEMBERSHIP IN ANY CIVIC, SERVICE OR PROFESSIONAL ORGANIZATIONS:

FINANCIAL INFORMATION:

HOW WILL YOU FINANCE THE BUSINESS? DEBT _____ % EQUITY _____ %

HAVE YOU EVER BEEN INVOLVED IN A FRANCHISED BUSINESS? YES/NO ..IF YES, PLEASE PROVIDE DETAILS.



WHAT EXPECTATIONS DO YOU HAVE FROM OPERATING A FRANCHISE FOR TRIVENI SOLAR ?

1.....

2.....

3.....

4.....

5.....

HAVE YOU OR ANY OF YOUR ASSOCIATES BEEN INVOLVED WITH OPERATING DISTRIBUTOR/FRANCHISE/DEALERSHIP WITH TRIVENI SOLAR PREVIOUSLY?. IF YES, PLEASE PROVIDE DETAILS.

WHY ARE YOU INTERESTED IN RUNNING AND OPERATING A TRIVENI SOLAR BRAND FRANCHISE/DEALERSHIP/ DISTRIBUTORSHIP?

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC MISDEMEANORS? (IF YES, PLEASE DESCRIBE):

WILL YOU HAVE A BUSINESS PARTNER? _____

IF SO, NAME OF PARTNER AND THEIR RELATIONSHIP TO YOU: _____

WILL YOU BE RESPONSIBLE FOR DAY-TODAY OPERATIONS OF THE BUSINESS: _____

ARE YOU INTERESTED IN SINGLE OR MULTIPLE STORE/LOCATION OPPORTUNITIES? SINGLE Multiple

WHEN WILL YOU OPEN YOUR FIRST LOCATION? _____



BANK DETAILS:

NAME OF BANK:.....

ADDRESS :.....:

ACCOUNT TYPE (PL TICK): SAVINGS ACCOUNTS/CURRENT ACCOUNT

ACCOUNT NUMBER :.....

IFSC/RTGS CODE.....

REFERENCES (OTHER THAN RELATIVES)

Name	Designation	Organization	Mobile/Phone Number

I SUBMIT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT TRIVENI SOLAR IS RELYING UPON ALL THE ABOVE INFORMATION AS A MATERIAL FACTOR IN CONSIDERING MY APPLICATION TO BECOME A DISTRIBUTOR/DEALER/FRANCHISEE. I AGREE TO SUPPLY ADDITIONAL INFORMATION AND STATEMENTS FROM MY PROFESSIONAL ASSOCIATES, AS AND WHEN REQUIRED.

Signature _____

Date: _____

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