

DSA Application Form

General information

Name of the DSA	
Town/City	
State	
Date	
Contact Person	

Office details

Address:			
PIN Code:		City	
Fixed Phone #1:		Fax #	
Fixed Phone #2:		Email	
Mobile Phone:			
Service Tax Number:			
LST Number:			
PAN Number:			

Details of the proprietors/partners/directors

Name	% of ownership	Education	Age	Status / Position	Residential address & Phone No.	Current interests in other businesses

Years of experience in the industry	_____ Years
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Company Information

Current status

Brands			
Current product& services being sold			
Years of association			
Percentage contribution to overall turnover			

Manpower (number of full-time employed resources)

MANPOWER	Bus. Mgr.	Sales Executives	Sales Coordinators.	Tele Marketing Executives	Support staff
NO. OF PERSONNEL					
AVERAGE SALARIES					
AVERAGE CONVEYANCE					
AVERAGE INCENTIVES					
AVERAGE WORK EXP. WITH YOU					

Financial information

Turnover and profit

	Total turnover	Total profits
FY01		
FY02		
FY03		

Investment capabilities

Initial investment that you are able to make:	
Planned source of funds	

Financial references: Bankers

Bank name	Address	Phone number	Manager's name

Service level

Infrastructure and Systems

Hardware	<input type="checkbox"/> Available computers with internet connection <input type="checkbox"/> Available computers but no internet connection <input type="checkbox"/> No computers
Location quality of the office	<input type="checkbox"/> Prime location <input type="checkbox"/> Low quality location <input type="checkbox"/> Good quality location
Total office space (in sq. ft)	

Sales Source Information

Source of Sales	Percentage (last one year)
Cold Calls	
Field Activities	
Referrals	
Company leads	
Bulk Orders	

Applicant Name & Signature _____