



## Distributor Appointment Application Form



Image

## Distributor Appointment Application Form

Name of the Applicant:

Company Name:

Company Type: ☐ Limited Company ☐ Partnership ☐ Proprietorship

Company Details:

TIN No.:

VAT No.:

Explosive License No.:

Trade License No.:

NID No.:

Business Address:

Applicant's Permanent Address:

Applicant's Correspondence Address:

Mobile No:  Land Phone:

Email:  Fax:



Interested Area Applicant is applying for Distribution:

Thana/Upazila(s):  District:

Do You have Any distribution business? ☐ Yes ☐ No

If yes, what are the business ?

a.

b.

Location/ Address of Business:

Thana/Upazila:  District:

Monthly Lifting Quantity Average:

Current business portfolio and approximate turn over / revenue in 2022-2023:

(In numbers and words):

If you are awarded with Beximco Distributorship what is the intended amount (amount in tk) you are ready to invest:

a. Total investment amount (in numbers and words):

b. % of own:

c. % of bank loan/borrowing/CC Limit/bank guarantee:

If you are currently in LPG distributorship Business what is your business portfolio?

| Company Name         | Investment           | Approximate Monthly Sale Volume (Package/ Refill Combined) | Remarks              |
|----------------------|----------------------|------------------------------------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> |

If you are selected, is there any ready infrastructure?

a. Office:

b. Stock space/ Warehouse space:

c. pickup/ Truck/ non mechanized vehicle:



List of papers/ documents required to be attached with the application form:

1. Cover letter applying for the Distributorship
2. Applicant's bio-data
3. Recent passport size photo (2 copies)
4. Current business profile
5. VAT registration (valid photocopy)
6. Trade license (valid photocopy)
7. TIN certificate (valid photocopy)
8. Bank statement for last 6 months
9. Bank solvency Certificate
10. NID or passport copy of the applicant
11. Explosive license (If the applicant is a Distributor of any existing LPG cylinder Company)
12. Fire Service & Civil Defense Clearance/ Fire Department NOC
13. BERC License
14. Security Deposit Amount: 05 Lac Taka (Refundable)

"I hereby certify that the above statements are correct in all respect. Any false statement if arises will go against me or result in cancellation of my Distributorship"

Signature:

Seal:

Name:

Date:

Please send your complete application to below address (if you want to send by courier):

Chief Marketing Officer

Beximco LPG Unit - 1 Limited, Level -11, SAM Tower, Plot# 4

Road# 22, Gulshan -1, Dhaka 1212, Bangladesh

Contact No.: +880 2 2222 62496-7

You can also mail it to the following email address (along with scanned copies of relevant documents) instead of sending through courier:

Email: [info@bexpetro.com](mailto:info@bexpetro.com)

## NEW DISTRIBUTOR APPOINTMENT CHECK LIST

Date:

|                                                                      |                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Region:                                                              | Area:                                                                                                                                                                                                       | Territory:                                                                                                                             | Point:                                                                                                                                |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Distributor Name:</b>                                             |                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Business Address:</b>                                             |                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Warehouse Address:</b>                                            |                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Warehouse Coordinates:</b>                                        |                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Distributor Status:</b>                                           | New / Replacement / Vacant Market / Existing Market Spit                                                                                                                                                    | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>If Replacement</b>                                                | Handover/Takeover Qty: 12KG_____22KG_____45KG_____                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Previous Distributor Name:</b>                                    |                                                                                                                                                                                                             | Active / Inactive                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                              |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Market Size:</b>                                                  |                                                                                                                                                                                                             | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>No of Retailers:</b>                                              |                                                                                                                                                                                                             | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Monthly Sales Target:</b>                                         |                                                                                                                                                                                                             | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| Type of Distributorship                                              | <input type="checkbox"/> EXCLUSIVE Distributor <input type="checkbox"/> Non-Exclusive Distributor                                                                                                           |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Distributor of LPG Company</b> (Incase Non-Exclusive Distributor) | <input type="checkbox"/> BLPG<br><input type="checkbox"/> Jamuna<br><input type="checkbox"/> Total<br><input type="checkbox"/> Laugfs                                                                       | <input type="checkbox"/> Omera<br><input type="checkbox"/> Unigas<br><input type="checkbox"/> JMI<br><input type="checkbox"/> Petromax | <input type="checkbox"/> Fresh<br><input type="checkbox"/> Bengal<br><input type="checkbox"/> Delta<br><input type="checkbox"/> Green | <input type="checkbox"/> Navana<br><input type="checkbox"/> G Gas<br><input type="checkbox"/> Orion<br><input type="checkbox"/> Aygaz | <input type="checkbox"/> Fresh<br><input type="checkbox"/> Universal<br><input type="checkbox"/> SL K<br><input type="checkbox"/> Padma | <input type="checkbox"/> SKS<br><input type="checkbox"/> BM<br><input type="checkbox"/> Dubai Bangla<br><input type="checkbox"/> _____ |
| <b>Copy of NID:</b>                                                  | Attach NID and NID Number:                                                                                                                                                                                  | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Application on own Pad:</b>                                       | Attached                                                                                                                                                                                                    | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Valid Trade License:</b>                                          | Attached and Validity:                                                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Valid Explosives License:</b>                                     | Attached and Validity:                                                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Tin Certificate:</b>                                              | Attached                                                                                                                                                                                                    | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>VAT Certificate:</b>                                              |                                                                                                                                                                                                             | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Bank Solvency Certificate:</b>                                    | Attached                                                                                                                                                                                                    | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Bank Statement (6 mos):</b>                                       | Attached                                                                                                                                                                                                    | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Warehouse Status:</b>                                             | Mention if warehouse is Owned or Rental                                                                                                                                                                     | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Any Business involvement</b>                                      | <input type="checkbox"/> Distributor / Retailer of another Market point _____ <input type="checkbox"/> Transport Vendor <input type="checkbox"/> Supplier <input type="checkbox"/> NO                       |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Warehouse Document:</b>                                           | Attach Rental Agreement/ Ownership proof                                                                                                                                                                    | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Redistribution Vehicle:</b>                                       | <input type="checkbox"/> 1 <sup>st</sup> (____pcs) <input type="checkbox"/> 2 <sup>nd</sup> (____pcs) <input type="checkbox"/> 3 <sup>rd</sup> (____pcs) <input type="checkbox"/> 4 <sup>th</sup> (____pcs) |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Lifting Vehicle:</b>                                              | <input type="checkbox"/> 1 <sup>st</sup> (____pcs) <input type="checkbox"/> 2 <sup>nd</sup> (____pcs) <input type="checkbox"/> 3 <sup>rd</sup> (____pcs) <input type="checkbox"/> 4 <sup>th</sup> (____pcs) |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Collection Point (Mongla Plant)</b>                               | <input type="checkbox"/> Mongla Plant (Mention round trip distance) KM .....                                                                                                                                | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                                                                                           |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |
| <b>Distributor Contact Details</b>                                   | Name:<br>Designation: Proprietor<br>Cell:<br>Email:                                                                                                                                                         |                                                                                                                                        |                                                                                                                                       |                                                                                                                                       |                                                                                                                                         |                                                                                                                                        |

|                                          |                                              |                          |  |
|------------------------------------------|----------------------------------------------|--------------------------|--|
| <input type="checkbox"/> <b>APPROVED</b> | <input type="checkbox"/> <b>NOT APPROVED</b> | <b>Distributor Code:</b> |  |
|------------------------------------------|----------------------------------------------|--------------------------|--|

|                           |                           |                    |
|---------------------------|---------------------------|--------------------|
| Prepared By:<br>TSI Name: | Verified By:<br>RSM Name: | Approved By<br>CMO |
|---------------------------|---------------------------|--------------------|