



Since 1982  
ISO 9001-2008 Certified

## QUESTIONNAIRE

To be filled by Prospective Stockiest Dealer

<b>Applying to become</b> :	<input type="checkbox"/> <b>MECO-G Stockiest Dealer</b> With commitment to promote, generate inquires, stock and sell.
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**Important** : Please answer to all the questions with proper enclosures wherever requested so as to enable us to process your application smoothly and speedily. Please keep a copy of the completed form for your records and return back the original completed form to :

**Goliya Instruments Pvt. Ltd.**

Marketing Manager,  
311/316, Bharat Industrial Estate,  
T.J. Road, Sewree  
Mumbai - 400015,  
Maharashtra, INDIA  
TEL : +91-22-24149657, 24149467  
FAX : +91-22-24130747  
EMAIL : info@goliyainstruments.com

State and City of your business operation :	<hr/>
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# GOLIYA INSTRUMENTS PVT. LTD.

311, Bharat Industrial Estate, T.J. Road, Sewree, Mumbai - 400015, INDIA.

Tel.: +91-22-24149657 / 24179467. Fax : +91-22-24130747.

Email: sales@goliyainstruments.com , info@goliyainstruments.com

Website : www.goliyainstruments.com

1. NAME & ADDRESS OF YOUR CO. \_\_\_\_\_

2. TELEPHONE \_\_\_\_\_

3. E-MAIL \_\_\_\_\_

4. MOBILE NO. \_\_\_\_\_

5. FAX \_\_\_\_\_

6. COMPANY CONSTITUTION PROPRIETARY/PARTNERSHIP/PVT. LTD.

7. REGISTRATION NUMBER \_\_\_\_\_

8. OFFICE FACILITY \_\_\_\_\_ FT. X FT. \_\_\_\_\_

9. SHOW ROOM FACILITY \_\_\_\_\_ FT. X FT. \_\_\_\_\_

10. YEAR OF ESTABLISHMENT OF BUSINESS \_\_\_\_\_

11. NAME & ADDRESS OF ALL PARTNERS (PLEASE ENCLOSE BIO DATA)	NAME	QUALIFICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. NAME & ADDRESS OF YOUR BANKERS WITH A/C NO. \_\_\_\_\_

13. YOUR TOTAL TURNOVER FOR THE LAST THREE YEARS  
1) YEAR \_\_\_\_\_ Rs. \_\_\_\_\_

2) YEAR \_\_\_\_\_ Rs. \_\_\_\_\_

3) YEAR \_\_\_\_\_ Rs. \_\_\_\_\_

14. TURNOVER FOR SIMILAR ITEMS (if handled earlier)

1) YEAR		Rs.
2) YEAR		Rs.
3) YEAR		Rs.

15. YOUR CST NO. \_\_\_\_\_ DT. \_\_\_\_\_  
 TIN NO. / VAT NO. \_\_\_\_\_ DT. \_\_\_\_\_  
 EXCISE REG. NO. \_\_\_\_\_ DT. \_\_\_\_\_  
**(ATTACH REGN. CERTS. COPIES)**

16. RATE OF LOCAL SALES TAX ON 1) Electrical Instruments \_\_\_\_\_ %  
 2) Electronic Instruments \_\_\_\_\_ %

17. YOUR PERMANENT INCOME TAX NO. \_\_\_\_\_

18. NO. OF PERSONNEL IN YOUR EMPLOYMENT

a) Technical	_____	**
b) Marketing	_____	**
c) After Sales Service	_____	
d) Administration	_____	
e) Others	_____	
	Total	_____

\* \* Please enclose Biodata

19. PAST EXPERIENCE IN DEALING WITH ELECTRICAL / ELECTRONIC TEST & MEASURING INSTRUMENTS  
 \_\_\_\_\_  
 \_\_\_\_\_

20. POTENTIAL CUSTOMERS IN YOUR AREA WHERE YOU SELL OUR PRODUCTS.

Name of customers	Potential (Rs.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

21 ARE YOU REGD WITH ABOVE CUSTOMERS AS A SUPPLIER IF SO GIVE DETAILS (SEND REGISTRATION LETTER COPIES)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. DETAILS OF OTHER AGENCIES HELD BY YOU

Sr No.	Company	Product	Last year Turnover

23. ESTIMATED BUSINESS YOU CAN GENERATE FOR OUR PRODUCTS IN YEAR

1. Electrical Instruments Rs. \_\_\_\_\_  
 2. Electronic Instruments Rs. \_\_\_\_\_  
 Total Rs. \_\_\_\_\_

24. AMOUNT WILLING TO INVEST IN STOCKS

Rs. \_\_\_\_\_

25 ANY OTHER INFORMATION ABOUT YOUR COMPANY OR MARKET YOU WOULD LIKE TO HIGHLIGHT (IF SPACE INSUFFICIENT PLEASE USE SEPARATE SHEET)

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\_\_\_\_\_

DATE : \_\_\_\_\_

\_\_\_\_\_  
 Signature with Designation