



# Distributor Application Kit

**FILL THE FORM AND SEND BACK TO  
AQUAVITA RO WATER PURIFIERS**

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**AQUAVITA RO WATER PURIFIERS :**

1164, BHAGYALAKSHMI TOWERS, HOSKERHALLI MAIN ROAD,  
BANASHANKARI III STAGE, BANGALORE – 560 085 | KARNATAKA | INDIA  
P: +91 80 2642 0556 | M: +91 99866 36011 | F: +91 80 2242 1220



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## FORM FA – 1

In case you are multiple members, please fill separate personal profile

### PERSONAL PROFILE

1. Name in Full : .....
2. Date of Birth : .....
3. Father's / Husband's Name : .....
4. Present (Postal) Address : .....  
.....
5. Permanent (Postal) Address : .....  
.....
6. Contact details (Present) :
  - \* Office Phone No. (With STD Code) : .....
  - \* Residence Phone No. : .....
  - \* Mobile No. : .....
  - \* Fax No. : .....
  - \* E-mail ID. : .....
  - \* Website Name/url (If any) : .....

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## 7. Highest Qualification:

Degree/diploma/ certificate	University/Instituti on	Subject	Year of Passing

## 8. Work Experience (If any) – Latest 2 Experiences:

Organization	Designation	Salary Drawn	Period of work from.....to.....	Nature of work

## 9. Business Experience (If any) – Latest 2 Experiences:

Nature of involvement partner/director etc.	Name of organization	Period from.....to .....	Turnover (in lakhs)	Product	No. of Employees

I declare that the details & information provided by me herein above are true to the best of my knowledge and belief.

Date : .....

Place : .....

Signature

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**FORM FA - 2**

**INFRASTRUCTURAL & FINANCIAL DETAILS**

1. Business Entity for Distributor Operation

- Proprietorship
  Partnership firm  
 Pvt. Ltd. Co.
  Others (specify)

2. Promoter's Details (All names mentioned here must separately fill form FA-1)

Name	Age	Proposed share holding in Distributor Centre	Any other Business/Job

3. Investment Capability (Rs. Lakhs) [Cummulative capacity of all partners involved]

- 4 to 5 lakhs
  5 – 10 lakhs  
 10 to 15 lakhs
  15 lakhs & bove

5. Choice of City/Town for Distributor Centre: .....

6. Proposed location within the City: .....

7. Please give reasons for choice of location: .....

8. Any other City/Town for which you would like to be considered: .....

9. Current infrastructure which can be made exclusively available for **Aquavita's** operation:-

[a] Whether having any premises ?

- Yes
  No.

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[b] If yes, nature of premises is?

- Owned  Multiple Ownership
- Joint  Rented/Leased

[c] Details of premise you already possess or intend to purchase/lease

→ Covered area (in sq. ft.)

- 100 - 200  200 - 500
- 500 and above

→ Number of Floors (Tick one or more then one)

- Only Basement  Ground
- First  Second
- Third

→ Whether space is ready to use

- Yes  No

→ Details of Furniture/Fixture you already have

.....  
.....

→ Details of location, proximity to shopping malls / markets, residential colonies, commercial area, central business district:

.....  
.....

**DECLARATION**

I/we declare that the details & information provided by me/us herein above are true to the best of my/our knowledge & belief

Date: .....

.....

Place: .....

Signature

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**FORM FA - 3**

Fill this form only if you are already engaged in water purifier business / any other FMCD:

1. Name of organization : .....

2. Brands you are currently associated with:

- a) .....
- b) .....
- c) .....
- d) .....
- e) .....

3. Current sales figures for each brand:

- a) .....
- b) .....
- c) .....
- d) .....
- e) .....

4. Total number of marketing employees : .....

5. Total number of other staff : .....

**DECLARATION**

I/we declare that the details & information provided by me/us herein above are true to the best of my/our knowledge & belief

Date: .....

.....

Place: .....

Signature

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**FORM FA - 4**

**MARKET ANALYSIS OF CITY PROPOSED FOR DISTRIBUTOR**

1. Name of City : .....

2. Population in lakhs : .....

3. Satellite Towns from where dealers can be appointed:

<b>Town</b>	<b>Population (in lakhs)</b>
.....	.....
.....	.....
.....	.....
.....	.....

4. No. of CBSE Schools : .....

5. No. of other Higher Secondary Schools : .....

6. Major Schools and Colleges:

<b>Name</b>	<b>Medium</b>	<b>Student strength</b>	<b>Approx staff strength</b>

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7. Major Clubs and Associations

Name	Number of Members	Number of Staff	Do you know any influential person there?

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Date: .....

.....

Place: .....

Signature

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