

Agency Application Form



Rachna Gas

Petroleum Gas (Pvt.) Ltd

APPLICATION FORM FOR DISTRIBUTORS

NAME OF APPLICANT*		
FATHER NAME		
NIC.No.*		
RESIDENTIAL ADDRESS *		
PHONE No.*		
MOBILE NO		
DISTRIBUTION PROVINCE FOR AREA		
REQUIREMENT OF CYLINDER	<input type="checkbox"/> Commercial Cylinder (45.4 Kg) Qty	
	<input type="checkbox"/> Medium Commercial Cylinder (15 Kg) Qty	
	<input type="checkbox"/> Domestic Cylinder (11.8 Kg) Qty	
	<input type="checkbox"/> Medium Domestic Cylinder (6 Kg) Qty	
CITY		
PROVINCE		
BUSINESS ADDRESS		
EMAIL		
FAX		
NOTE:		