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**Navitas Green Solutions**  
**Private Limited**  
**Dealer Application Form**

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**Vendor Name:**

**Contact Name:**

**Street Address:**

**Street Address Line 2:**

**City:**

**State:**

**Zip Code:**

**Country:**

**Phone Number:**

**Email Address:**

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## **Commercial Details**

**VAT No:**

**Date:**

**CST No:**

**Date**

**PAN No:**

**Excise No:**

**Service Tax No:**

**IEC No:**

**Type of VAT Dealer**

**Billing**

**Enterprise Type:**

## Expected Sales

Preferred area covered under your dealership:

Monthly:

Yearly:

Readiness to keep stock(Monthly):

Readiness to keep stock(Yearly):

#Enter all the above values in KW.

How do you plan to promote sales?

Hoardings  
Radio Advertisements  
Online Marketing

Magazine/Newspaper  
Sales teams  
Others

Explain your sales plan in detail:

Your expectations for support from us.

## Technical and Sales Strength

No. of Sales Representatives:

Please select the minimum educational qualification of sales team:

Please Specify in Detail:

No. of personnel in technical team:

Please select the minimum educational qualification of technical team:

Please Specify in Detail:

# Financial Strength

Total Revenue:

EBITDA:

EBIT:

PAT:

If Yes; please provide details:

#Please provide the above details for last 3 financial years

# Bank Details

Bank Name:

Branch:

Account No:

IFS Code:

Micr Code:

Swift Code:

Payment Term:

Other Conditions:

# Environmental, Health & Safety

Do you Employ Child Labour/ Young Employees?  
(Any Employees below 18 years age) **Yes** **No**

Do you keep Age Verification Record of the Employees? **Yes** **No**

What is the Minimum Age of the  
Employees in your  
Premises?

Is there any Forced Labour? **Yes** **No**

Are Health and Safety Measures  
being followed?

**First Aid Box**  
**Fire Extinguisher**  
**Potable Water**  
**Clean Toilets**  
**Clean Canteen**  
**Protective Equipment**  
**Accident Prevention Training**

Is freedom of association and  
right to collective bargaining  
respected? **Yes**  
**No**

Give Details of Workers'  
Organization.

Is Discrimination Practiced? **Yes** **No**

Mark the disciplinary practices  
followed. **Verbal Abuse**  
**Mental or Physical Correction**  
**Corporal Punishment**  
**None**

What are your normal working  
hours?

How much overtime is  
practiced?

Indicate your weekly off.

At what rate do you pay OT?

Are policies documented and  
communicated? **Yes** **No**

Does organization take effective  
measure for Environmental  
Safety? **Yes** **No**

|                                                                                    |      |       |       |
|------------------------------------------------------------------------------------|------|-------|-------|
| Does system of planning & implementation exist?                                    | Yes  | No    |       |
| Are you ISO Certified?                                                             | 9001 | 14001 | 18001 |
| Are you CE Certified?                                                              | Yes  | No    |       |
| Are local level pollution control norms met?                                       | Yes  | No    |       |
| Is there a provision for treatment of hazardous effluents? -Solid, Liquid, Gaseous | Yes  | No    |       |
| Any field returns due to quality defect?, IF yes, please provide reasons thereof.  | Yes  | No    |       |

Please Fill and Sign this document for our evaluation.