



Application for Appointment of Del Credere Associate-cum-Consignment Stockist (DCA-cum-CS) for Bharat Petroleum Corporation Limited

(Please refer the detailed guidelines before filing the application form which have been uploaded on BPCL Website)

Use ONLY BALL POINT PEN for filling the Application Form. Application Form format is not to be altered and any change is liable for rejection.
All dates should be in DD-MM-YYYY Format Only.

For Office Use	Office Code	Serial No.	Date of Receipt of Application

Application Fee details: Rs. _____ Date: _____

DD (Demand Draft) Number: _____ Payable At: _____

Drawn (Name of the Scheduled Bank): _____

EMD Fee details: Rs. _____ Date: _____

DD (Demand Draft) Number: _____ Payable At: _____

Drawn (Name of the Scheduled Bank): _____

All DD(s) Should be in favor of BHARAT PETROLEUM CORPORATION LIMITED, Payable at MUMBAI.

Photograph Self Attested by
Applicant

General Details (To be filled by all applicants)

1. Location Applied For: _____

2. Nature of Applicant:
(Tick as applicable)

Individual

Proprietary Firm

Partnership Firm

Limited liability
partnership (LLP)

Public Limited
Company

Private Limited
Company

Registered Co-
Operative Societies

3. Individual/Proprietor (To be filled by Individual / Proprietary Firm* Only)

Name: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____

Gender (Tick as applicable): Male / Female

Citizenship (Tick as applicable): Indian / Others

Father/Husband Name: _____
(First Name) (Middle Name) (Last Name)

Correspondence Address: _____

Pincode: _____

Telephone No.: _____ - _____
(STD Code) (Telephone Number)

Email: _____

Registered Address: _____

Pincode: _____

Telephone No.: _____ - _____
(STD Code) (Telephone Number)

Email: _____

Educational Qualification

Qualification	Year of passing	College/Institute	University/Board
Professional Courses (B. Tech / M Tech / BE / ME / MBBS / BDS / CAs / ICWA / MBAs / LLB / LLM / CS / CFA / PGDM etc. from reputed institutes)			
Post-Graduate in any other stream			
Graduate or equivalent to any other stream			
12th / Higher Secondary			
10th / Secondary			

Signature: _____

Name: _____

Present Occupation / Business: _____

Unencumbered Immovable Assets

S. No.	Assets (with Address)	Value (in Rs. Lakhs)

*** To be filled only if the Applicant is a Proprietary Firm.**

Name of Firm: _____

Address of Firm: _____

Pincode: _____

Telephone No.: _____ - _____ Email: _____
(STD Code) (Telephone Number)

4. To be filled by Partnership Firm/LLP**/Public Ltd.***/Pvt. Ltd.***/Registered Co-Operative Societies******

Name of Firm: _____

Address of Firm: _____

Pincode: _____

Telephone No.: _____ - _____ Email: _____
(STD Code) (Telephone Number)

Number of Partners/Directors/Members: _____

Details of Applying Person

Name: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____

Gender (Tick as applicable): Male / Female

Citizenship (Tick as applicable): Indian / Others

Father/Husband Name: _____
(First Name) (Middle Name) (Last Name)

Correspondence Address: _____

Pincode: _____

Telephone No.: _____ - _____ Email: _____
(STD Code) (Telephone Number)

Signature: _____

Name: _____

Residence Address: _____

Pincode: _____

Telephone No.: _____ - _____
(STD Code) (Telephone Number) **Email:** _____

Educational Qualification

Qualification	Year of passing	College/Institute	University/Board
Professional Courses (B. Tech / M Tech / BE / ME / MBBS / BDS / CAs / ICWA / MBAs / LLB / LLM / CS / CFA / PGDM etc. from reputed institutes)			
Post-Graduate in any other stream			
Graduate or equivalent to any other stream			
12th / Higher Secondary			
10th / Secondary			

Share of Applying Person in the Firm (%): _____

Note:

***If nature of Applicant is Partnership Firm, then the partner authorised by all the other partners shall apply. In case of LLP, Designated Partner authorised by all the other designated partners, shall apply. Details of other partners or designated partners is to be given on Page 4.*

****If nature of Applicant is Public Limited or Private Limited Company, the full-time director duly authorised through Board resolution, shall apply. The details of all the directors (except the applicant director which is to be given above) is to be given on Page 4.*

***** If the applicant is Registered Co-operative society, then the member authorised through resolution passed by the society, shall apply.*

Signature: _____

Name: _____

Details of Other Partners/Directors/Members

S. No.:

Name: _____

Residence Address: _____

Pincode: _____

Email: _____

Telephone No.: _____ - _____
(STD Code) (Telephone Number)

Share in the Firm (%): _____

S. No.:

Name: _____

Residence Address: _____

Pincode: _____

Email: _____

Telephone No.: _____ - _____
(STD Code) (Telephone Number)

Share in the Firm (%): _____

S. No.:

Name: _____

Residence Address: _____

Pincode: _____

Email: _____

Telephone No.: _____ - _____
(STD Code) (Telephone Number)

Share in the Firm (%): _____

S. No.:

Name: _____

Residence Address: _____

Pincode: _____

Email: _____

Telephone No.: _____ - _____
(STD Code) (Telephone Number)

Share in the Firm (%): _____

*Photograph Self Attested by
Applicant*

*Photograph Self Attested by
Applicant*

*Photograph Self Attested by
Applicant*

*Photograph Self Attested by
Applicant*

Note: If the no. of other Partners/Directors/Members is more than 4, applicant may attach a separate sheet for their similar details.

Signature: _____

Name: _____

5. Financial Details

Financials	FY 2023 - 24	FY 2024 - 25	FY 2025 - 26	Average
Total Turnover from all the Business (INR Cr.)*				
Turnover from Polymer Business (INR Cr.)**				
Working Capital (INR Cr.)				
Net worth (INR Cr.)				
Profit Before Tax (PBT) (INR Lakh)				

Note:

* For marking purpose, Total turnover from all the business will be considered.

** For information purpose only (turnover from distribution/sales/trading of polymers)

Signature: _____

Name: _____

6. Business Details

Parameters	Tick as applicable	Description
Type of Business (Distributor/Trader/Processor/Manufacturer)		1. Distributor / Trader / Dealer of PE / PP / PVC Granules
		2. Processor of PE / PP / PVC
Geographical Area of Business		1. Business experience within the State in which the advertised district falls or within the advertised Union Territory (U.T.)
		2. Business experience in States/Union Territory (U.T.) geographically contiguous to the State in which the advertised district falls or the advertised Union Territory (U.T.)
		3. Other Areas: _____

7. Details of other Business

S. No.	Name of the Entity	Nature of the Entity [#]	Share of the Applicant	Nature of Business	Turnover (INR Cr.)

Note:

[#] Individual / Proprietary / Partnership / Body Corporate / Others etc

Signature: _____

Name: _____

8. Is the "Applicant" an Authorised distributor/consignment stockist for any Indian or foreign plastic raw material manufacturer? (Tick as applicable)

Yes / No

If Yes, then fill the following information:

Name of Company: _____

Product Handled: _____

Date of association: _____

9. Details of PAN Card/Various Licenses

PAN Number: _____

GST Registration Details

Registration No.: _____

Valid From: _____ Date of Issue: _____

Product Item: _____

Excise/Service Tax/CST/LST Registration Details (as applicable)

Registration No.: _____

Valid From: _____ Date of Issue: _____

Product Item: _____

IEC (Importer Exporter Code) Details

Registration No.: _____

Valid From: _____ Date of Issue: _____

Product Item: _____

10. Polymer Business Experience Details

From (Date)	To (Date)	Field of Operation*	No. of years of Marketing & Distribution Experience	
			Years	Months

Note:

* Under Field of Operation, please specify as applicable — PE / PP / PVC goods & granules or other polymers.

Only completed financial year will be considered as a year.

Signature: _____

Name: _____

11. Infrastructure Details**Warehouse Details**

Do you have an existing Warehouse? (Tick as applicable)

Yes / No

Type of Warehouse Ownership (Tick as applicable)

Owned

Leased / Rented

Warehouse Size (Actual Covered Storage Area) in sq ft: _____

Warehouse Address: _____

Pincode: _____

Telephone No.: _____ - _____

(STD Code)

(Telephone Number)

Office Details

Do you have an existing Office Space? (Tick as applicable)

Yes / No

Type of Office Ownership (Tick as applicable)

Owned

Leased / Rented

Office Size in sq ft: _____

Office Address: _____

Pincode: _____

Telephone No.: _____ - _____

(STD Code)

(Telephone Number)

Manpower Details

Name	Designation	Education Qualification	Date of Joining

NOTE: The Individual applicant / Proprietor / Director(s) / Partner(s) / Designated Partner(s) / Members of Registered Co-operative Society shall not be considered as manpower.

Signature: _____

Name: _____

12. Preference (To be filled by all applicants in case they are applying for more than one location)

Preference No.	Location Applied (In order of preference)

13. Remarks / any other details**14. DECLARATION BY THE APPLICANT :**

1. I / We am/ are aware that eligibility for Del Credere Associate-cum-Consignment Stockist (DCA-cum-CS) will be decided based on the information given in the application above. On verification by BPCL if it is found that the information given by me/ us is incorrect/ false/ misrepresented, then my/ our candidature will stand cancelled and I/ We will be declared ineligible for Del Credere Associate-cum-Consignment Stockist (DCA-cum-CS).
2. I/ We also confirm that I/ We am/ are in possession of the supporting documents in Original in respect of the information given by me/ us in this application and if selected, failure to present these documents in original will result in cancellation of selection due to submission of false/unsupported information in this application.
3. That, if selected, I/ We undertake that I/ We will be depositing a Bank Guarantee (BG) / Security deposit (SD) of minimum Rs. 1,00,00,000/- (One Crore Rupees Only) as per the policy of BPCL.

15. UNDERTAKING BY THE APPLICANT :

I, _____ daughter of /son of/ wife of Shri _____

_____ hereby confirm that the information given above is true and correct. Any wrong information /misrepresentation/ suppression of facts will make me ineligible for this Del Credere Associate-cum-Consignment Stockist (DCA-cum-CS). That if any information/declaration given by me in my application or in any document submitted by me in support of application for the award of the Del Credere Associate-cum-Consignment Stockist (DCA-cum-CS) shall be found to be untrue or incorrect or false, the Bharat Petroleum Corporation Limited (BPCL) would be within its rights to withdraw the letter of intent / terminate the Del Credere Associate-cum-Consignment Stockist (DCA-cum-CS) (if already appointed) and that I would have no claim, whatsoever, against BPCL for such withdrawal / termination.

Place:

Signature of Applicant along with Seal

Date:

Name of Applicant (in Block Letters)