



Technology With Tradition

AGNI[®] DEVICES PVT. LTD.

Formerly : Agni Instruments Engineers Pvt. Ltd.

+91.9818686674

info@agnidevices.com

www.agnidevices.com



Dealership Form

Thank you for expressing your interest in becoming an **Authorized Dealer of Agni Devices Pvt. Ltd.**

We kindly request you to complete the following form, which will enable us to better understand your business profile and evaluate the potential for a mutually beneficial partnership.

Please ensure all sections are filled out clearly and accurately. For any queries or assistance, feel free to reach out to us at info@agnidevices.com.

1. Company Details

	Response
Name of your company	
Year of establishment	
Main office location	
Other branch locations (if any)	
Name of Directors	
Total number of employees	
GSTIN	
Pan Number	
Bank Details	
Provide brief description of your company and the products/services	

2. Your Experience

	Response
Please state the duration of your experience in the fire safety business.	
Mention any associations you have with other fire safety or related brands.	

FYRLA[®]AST
by **AGNi**

SAFEDGE[®]
by **AGNi**

AGFLEX[™]
Flexible Sprinkler Hose



Unit I : A-48, DDA Keshopur Industrial Area, Vikas Puri, New Delhi - 110018 (INDIA)
Unit II : B- 20 & 21, DDA Keshopur Industrial Area, Vikas Puri, New Delhi - 110018 (INDIA)



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3. Regions You Cover

	Response
Please mention the geographical areas or regions that your company currently serves.	
Kindly provide the number of sales personnel assigned to the regions you operate in.	

4. Types of Customers

	Response
Specify the types of customers your business caters to, such as residential, commercial, government, etc	
Please mention any significant projects or customers you've worked with	

5. Sales and Distribution

	Response
Number of retail outlets or distribution points	
Detail any collaborations you have with local contractors, architects, or fire safety consultants, if applicable.	

6. Estimated Sales Volume

	Response
Please estimate your expected sales volume of Agni products for the first year	

7. Marketing Plans

	Response
Outline your planned approach to promoting Agni Devices' products in your market.	

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Indicate any specific support you may require from us to enhance your marketing efforts.	
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8. References

	Response
Contact details of Reference 1 (Name, Company, Contact Number, Email)	
Contact details of Reference 2 (Name, Company, Contact Number, Email)	

Documents required for processing the Application:

- Application Form – With relevant details as required for agreement on letter head clearly stating Sales Representative, Distributor or System Integrator (duly signed & stamped).
- Hard copy of Memorandum of Association/Partnership deed.
- Articles of Association.
- Certificate of Registration.
- Hard copy of Audited Balance Sheet and Profit and Loss (P&L) Statement (Immediate Past two financial years)
- Income Tax return (Immediate Past two financial years)
- Statement of Account (Last 6 months)
- PAN card copy
- GSTIN Certificate copy
- Company profile.
- A letter on consent to **Agni Devices Pvt. Ltd. terms & conditions in letter head with Seal & Stamp**
- Three crossed blank security cheques (CTS 2010) in favour of Agni Devices Pvt. Ltd. Entity.
- Photographs: 2 Passport size Photographs of the proprietor/all the partners and directors with the copy of Aadhar Card & Pan Card of each.
- **Bank Guarantee** – A valid bank guarantee should be provided, commensurate with the expected monthly sales volume, to secure credit terms and ensure financial compliance.

I / We hereby declare that I / We have carefully reviewed this application and, based on reasonable due diligence and inquiry, affirm that all information provided is true, complete, and accurate to the best of my / our knowledge and belief.

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