



Form No.: (For New Application)
(As filled on FORM A)

Serial No.:

F O (For Existing Members)

PLEASE FILL IN CAPITAL LETTERS IN ENGLISH

- New Application
- Replacement
- Additional Card
- Item / Limit change

FORM B

Name of the company: _____
(Same as item no.1 in FORM A.)

VEHICLE DETAILS

Sr. No	Vehicle Number printed on Card (Characters including spaces not to exceed 22)	Make	Payment option*			Daily Limit (Rs.) on Card	CMS Limits (Rs.)		Items to be Activated on the Card*												
			Prepaid		Credit		Daily	Monthly	All	Petrol	Diesel	Lubes	Alternate Fuel	Allied Business							
			Individual	CMS																	

Version 4.1

* Please tick (✓) wherever applicable

FOR OFFICE USE ONLY			
AG ID:	<input type="text"/>	Payment Details	
SAP Code:	_____	Cheque No.:	_____
TID No.:	_____	Cheque Date:	____/____/____
Batch No.:	_____	Bank:	_____
ROC No.:	_____	Amount (in Rs.):	_____
		RFSMIN	<input type="text"/> / <input type="text"/> <input type="text"/>
		VIGPIN	<input type="text"/> / <input type="text"/> <input type="text"/>
		DATENT	<input type="text"/> / <input type="text"/> <input type="text"/>
		EDTCHK	<input type="text"/> / <input type="text"/> <input type="text"/>
		AWBNO	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		AWBDTE	<input type="text"/> / <input type="text"/> <input type="text"/>

Name & Signature of Authorised Signatory
with Company Stamp