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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: _____ TID No.: _____ Batch No.: _____ ROC No.: _____ Cheque No.: _____ Cheque Date: _____ Bank: _____ 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"/> AWBDTE <input type="text"/> / <input type="text"/> <input type="text"/>

Name & Signature of Authorised Signatory
with Company Stamp