Page _____ of _____

Form No.: | | | | | | | | | | | | |

F O

(For New Application)
(As filled on FORM A)

(For Existing Members)

SmartFleet™

Bharat Petroleum

Serial No.:

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									
			Individual	CMS			Daily	Monthly	All	Petrol	Diesel	Lubes	Alternate Fuel	Allied Business

* Please tick (✓) wherever applicable

Version 4.0

FOR OFFICE USE ONLY

AG ID: | | | | | | | | | | | | |

Payment Details

SAP Code:_____
TID No.:_____
Batch No.:_____
ROC No.:_____

Cheque No.:_____
Cheque Date:_____
Bank:_____
Amount (in Rs.):_____

RFSMIN ☐☐/☐☐ ☐☐☐
VIGPIN ☐☐/☐☐ ☐☐☐
DATENT ☐☐/☐☐ ☐☐☐
EDTCHK ☐☐/☐☐ ☐☐☐
AWBNO ☐☐☐☐☐☐☐☐ ☐☐☐
AWBDTE ☐☐/☐☐ ☐☐☐

Name & Signature of Authorised Signatory
with Company Stamp