

Channel Partner Enrollment Form



AGENCY/
COMPANY NAME

TYPE PROPRIETORSHIP PARTNERSHIP PVT. LTD. LTD.

TEAM SIZE OPERATING SINCE

Mr./Mrs./Ms.

AUTHORISED
REPRESENTATIVE

DESIGNATION

EMAIL ID

WEBSITE

MOBILE #1

+ 91

MOBILE #2

+ 91

TEL. NO.

PAN NO.

(provide photocopy)

SERVICE TAX
REGN. NO.

(provide photocopy)

ADDRESS 1

ADDRESS 2

AREA

LANDMARK

CITY

REGION (STATE/
UNION TERRITORY)

PINCODE

BANK

BRANCH

ACCOUNT NO.

IFSC NO.

(provide cancelled cheque)

SIGNATURE

DATED

For office use only

AUTHORISED SIGNATORY

DATE