



Channel Partner Registration Form

*The below information will be treated as confidential and will be used internally by authorized personnel only

Company Name			
Address			
PINCODE			
Telephone		Fax	
E-mail		Website	
Contact person		Designation	
Contact person's Number		Email	

Branch Details

Address			
Telephone		Fax	
E-mail			

*Please attach branch details in case of more than 2 branches.

Company Details

Present Legal Status	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt. Ltd.	<input type="checkbox"/> Public Ltd.
Date of Incorporation	PAN Number			
TIN Number	TIN Date of Issue			
CST Number	Service Tax Number			

Directors' Details

Name	Address	Contact Numbers

Bankers Details

1. Bank Name & Branch	A/C Number	
2. Bank Name & Branch	A/C Number	

By signing below, I confirm that the above information is true and correct to the best of my knowledge.

Signature & Seal

Date:

Name: _____

Designation: _____