

BUSINESS PARTNER APPLICATION FORM

PERSONAL INFORMATION

Name : Mr. / Ms First Name Middle Name Surname

Residence Address

City State Pin Code

Res. Tel. No. Code No. Mobile

Date of Birth E-mail

Educational Qualification Family Members: Adult Child

Blood Group Residence Rented Owned Dependant Member

BUSINESS INFORMATION

Business Name: M/s.

Business Address

City State Pin Code

Bus. Tel. No. Code No. Fax No. Code No.

Mobile E-mail

Nature of Business Year of Establishment

Type of Organisation Prop. Partnership Pvt. Ltd. Ltd. Others

PAN Card No. VAT TIN No.

Annual Turnover (Rs. in Lacs) Business Place Rented Owned

BANK DETAILS

Bank Name A/c. No.

Branch City