

Partner Registration

Contact

Partner Name : _____

Company Name : _____

Email : _____

Mobile No : _____

Business

Business Start Year : /

Business Category : Proprietorship Partnership Private Ltd Public Ltd Others _____

GST No : _____

Branches in : _____

Nature of business : _____

Already Dealer for Products/Service : No Yes _____

If yes please specify

Terms & Conditions

I accept that all the details mentioned above are complete and true to my knowledge.

Date : _____

Name : _____

Designation : _____

Stamp & Sign