

APPLICATION FORM CUSTOMER REPRESENTATIVE

GUIDELINES FOR FILLING

- ❖ Forms not completed in all respects & submitted without documents as per annexure-XIII will be rejected.
- ❖ Submission of this form does not guarantee award of Associationship.
- ❖ The data asked for in this form is purely for the purpose to evaluate the interest of applicant about business with the company.
- ❖ The acceptance or rejection of the application is at the sole discretion of the Company. No correspondence will be entertained in this regard.
- ❖ The Company reserves the right to change, amend, add, or delete any/all clauses at any time without prior notice.
- ❖ Applicant is requested to keep a photocopy of applications & documents for his /their record.
- ❖ All disputes are subject to jurisdiction of Delhi courts only.

01. Name of the person/company: _____
with address _____

02. Area applied For : _____
03. Telephone (s)/Fax No./Mobile: _____
04. E-mail : _____
05. Constitution of company : Proprietorship Partnership
6. Name & address of the banker : _____
with phone nos. _____

Photograph
Of
Applicant
(Managing
Person)

:2:

7. Details of Prop./Partner(s)/Dir.(s) :

Sl. No.	Name	Age	Father/Husband Name	Residential address
	(i)	(ii)	(iii)	(iv)
1.				
2.				
3.				

Sl. No.	Educational qualification	Technical qualification	PAN No.	Present business / occupation	Present worth
	(v)	(vi)	(vii)	(vii)	(ix)
1.					
2.					
3.					

Attach separate sheet containing information on all columns (i) to (ix), if required

8. Has any person above ever been convicted and/or charges have been framed against any person above by the court of law for any criminal offence involving moral turpitude and /or economic offence (other than freedom struggle)? (applicable to individuals, partners, director's an entity and also organized body as an entity) : Yes / No (if yes, details thereof)
9. Is any person above involved in politics or has any relation with any politician. : Yes / No (if yes, details thereof)
10. Name & Sl. No. in column No.7 above of managing person who will control the business. :
11. Name of person who will deal with Govt. Deptt. : If other than above at Sl. no 10.
12. Will this business be your primary / additional source of Income : Primary Additional
13. Capacity to invest for applied status :
14. Source of investment :

Contd.....3....

:3:

15. Expected scope of business in the area :
16. Basis/grounds of report on point 15, above :
(attach details)
17. Name & source of introducer : _____

18. Payment for processing fee of Rs.1100/- Receipt No. _____ dated _____.
19. Any two references of the area (1): _____
with address & contact no. (2): _____
20. Mention the documents attached with this application
1. _____ 3. _____
2. _____ 4. _____

Signature of Applicant: _____

Name: (_____)

1. I hereby confirm that I have gone through the proposal carefully being capable to understand the language and fully satisfied in all respect.

or

I hereby confirm that I have gone through the proposal carefully being capable to understand the language and further confirmed that I have fully explained the proposal to my relative/friend Shri. _____ applicant who is known to me for the last _____ years _____ months.

Signature:

Name:

Address:

I hereby declare that Shri _____ S/o Shri _____ R/o _____ has explained the proposal to me thoroughly and I have understood the same and satisfied in all respect.

2. I hereby certify that the information given in this application is true and correct to the best of my knowledge and belief.
3. I also certify that this application is filled by me at my own will and without any pressure.
4. I hereby assure that I will abide by the terms of the company.

Place:

Signature of Applicant:

Name:

Date:

Address: