

DEALER/DIRECT SALES ASSOCIATE (DSA) APPLICATION FORM

1. Name of Organisation: _____

2. Constitution : Sole Proprietorship Partnership Company

3. Type of DSA : Dealer DSA DSA DEALER

4. Business Address

CITY _____ State _____ Pincode _____

5. Tel. Nos. : _____

6. Mobile : _____

6. Fax Nos. : _____

8. E Mail Address : _____

7. PAN Number : _____

8. Product : _____ Business Commitment in Crores: _____

9. Details of Existing Banking Relations: _____

10. Existing BOM Savings / Current Account No : _____

11. Premise Ownership : Owned Rented

12. Proprietor/Managing Partner/Managing Director : _____

Residential Address : _____

City _____ State _____ Pin Code _____

Tel. : _____

13. Profile of Promoters

Names and qualifications of the Promoters

PAN Number

1	_____
2	_____
3	_____
4	_____

Note: Kindly Enclose last 2 year ITRs of the Proprietor / Partners / Directors of the firm/company

✕ Signature