

Head Office: No. 199 Hariyan Street, C-Pallavaram, Chennai – 600 043 (044 66332333)

ASSOCIATE APPLICATION FORM

APP. NO:

APPLIED FOR : BUSINESS ASSOCIATE: ☐ COLLECTION CENTRE ☐

AREA/LOCATION:

PERSONAL DATA:-

1. REGD.FIRM NAME:

2. NAME OF THE APPLICANT:

3. FATHER NAME:

4. DATE OF BIRTH: 5. MARITAL STATUS: ☐ SINGLE ☐ MARRIED

PRESENT ADDRESS	PERMANENT ADDRESS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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7. NATURE OF ID PROOF ENCLOSED?
☐ VOTER ☐ AADHAAR ☐ PAN CARD ☐ DRV.LICE. ☐ RATION

8. MOBILE NO: 9. LAND LINE

10. EMAIL ID:

11. EDUCATION QUALIFICATION:

12. OCCUPATION:

13. EXPERIENCE IN THIS TRADE / INDUSTRY? ☐ YES ☐ NO

a. IF YES - SPECIFY?

14. FIXED ASSET IN VALUE:

15. SHOP OWNED / RENTAL? ☐ OWNED ☐ RENTAL

PHOTO

16. RESIDENCE OWN / RENTAL? ☐ OWN ☐ RENTAL
17. OWNING 2 WHEELER / LOAD VEHICLE? ☐ 2 WHEELER ☐ LOAD VEHICLE
18. EQUIPPED WITH SYSTEM & Android mobile with Data NET CONNECTION? ☐ YES ☐ NO

* THIS IS MUST AVAILABLE

19. ASSOCIATED WITH ANY OTHER SERVICE PROVIDER? ☐ YES ☐ NO
- a. IF SO DOMESTIC/INTERNATIONAL- SPECIFY→

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17. OPERATING / PROPOSED OFFICE ADDRESS **OPERATING** ☐ **PROPOSED** ☐

18. REFERED BY:

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19. GST NO:

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DECLARATION

Here by I declare that the above said information is correct and true to the best of my knowledge.

DATE:

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APPPPLICANT SIGNATURE

FOR OFFICE USE ONLY

CONTROLLING HUB:

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 BUSINESS ASSOCIATE:

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 COLLECTION CENTRE

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MODE OF PAY:

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 CODE

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 EFFECT DATE:

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PAY REF.NO. :-

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 BANK NAME

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DELIVERY COMMISSION:- **DOCUMENT**

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NON DOC

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BOOKING COMMISSION:-

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AREA COVERED BY :-

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TARIFF GRADE :-

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REMARKS:

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AUTHORIZED SIGNATURE