



CHANNEL PARTNER REGISTRATION FORM

DATE: _____ . PHOTO: _____

VISITING CARD: _____

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

E-MAIL: _____

AREA: _____

AADHAAR CARD: _____

PAN CARD: _____

DATE OF BIRTH: _____

NAME OF THE FIRM: _____

COMPANY TYPE: INDIVIDUAL (.). PROPRIETOR (.). PARTNER (.) PVT LTD (.)

REGISTRATION: _____

GST NO. _____

GUMASTA : _____

MSME: _____

MANAGER: NAME: _____ CONTACT: _____

BANK ACCOUNT DETAILS:

NAME OF THE BANK: _____

BRANCH: _____

ACCOUNT NUMBER: _____

DECLARATION:

I/WE _____, DESIGNATION _____,
COMPANY _____ UNDER NO CIRCUMSTANCES PERFORM
ANY UNETHICAL OR ILLEGAL BUSINESS PRACTICE WHICH MAY HARM THE
REPUTATION OF **KESARI KONKAN** IN BUSINESS, SOCIALLY OR LEGALLY. IF I
PERFORM OR COMMIT ANY UNETHICAL OR ILLEGAL BUSINESS PRACTICE I/ MY
COMPANY SHOULD BE SOLELY HELD RESPONSIBLE FOR MY/OUR ACTIONS.

For, _____

(Name: _____)