

Agency Information

Branch Name or Branch Code _____ Product (HL/LAP) _____

Scope of Services _____

Agency / Company Name _____

Correspondence Address _____

City _____ Pin Code _____

Telephone No.1 _____ Telephone No.2 _____

Registered Office Address _____

City _____ Pin Code _____

Telephone No.1 _____ Telephone No.2 _____

Constitution Individual/Proprietorship/Partnership/Pvt. Ltd./Ltd./ HUF (strike out which is not applicable)

Pan No. _____ Service Tax No. _____

Bank Name _____ Branch Address _____

Account Holder Name _____
(Account holder name should match with agency /Company name)

Account No. _____ MICR No. _____

Name of the Proprietor / Partner1 / Director1 _____

Mobile No. _____ E-mail ID (mandatory) _____

Name of the Proprietor / Partner1 / Director2 _____

Mobile No. _____ E-mail ID (mandatory) _____

Office Information (Infrastructure Details)

No. of Offices in India _____ Office Area _____ Sq. Ft.

Cities Served _____

Telephone No.1 _____ Telephone No.2 _____

Fax _____ E-mail ID _____

No of Computers _____ Internet Yes / No

Team Structure & no of executives:

	Current	Proposed
Unit Managers	_____	_____
Business Managers	_____	_____
Telesales Executives	_____	_____
Field Sales Executives	_____	_____
Document Executives	_____	_____
Other Staff	_____	_____
Total	_____	_____

Office Ownership Status: Self-Owned/Rented Type of Office: Shop/Flat/House **WORK EXPERIENCE**

Current Business

Product Lines: Personal Loan Credit Cards Vehicles
 Two Wheelers Mortgages SME
 Life Insurance Mutual Fund General Insurance

Other(s) _____

Client list & details of work done in the past year(s): _____

Details of Proprietor / Partner / Director

Name of the Proprietor/Partner1/Director1 _____

Educational Qualifications _____

Date of Birth _____

Residence Address _____

Permanent Address _____

Pan No. _____

Telephone No./E-Mail ID _____

Photograph of
Proprietor/ Partner1/ Di
rector1

Name of the Proprietor/Partner1/Director1 _____

Educational Qualifications _____

Date of Birth _____

Residence Address _____

Permanent Address _____

Pan No. _____

Telephone No./E-Mail ID _____

Photograph of
Proprietor/ Partner2/ Di
rector2

Document	Document Check
Empanelment Form	Fully filled up and with signatures of relevant signatories and stamp as required.
Agreement	Date to be left blank, fully filled up with sign and stamp of Agency
Constitution Proof	Partnership Deed, Article of association, co. registration etc. whatever is applicable to check the identity of the establishment
PAN card copy or in case applied for then the relevant form(form 61)	This is mandatory and has to be in the name of the entity on which the payout is being issued.
Service Tax Registration Certificate	This is Mandatory and has to be in the same name in which the agreement is signed for him to enable claim the service tax
ID proofs & Address proofs	ID proof, address proof (Office & Residence) of proprietor / partner / directors and partnership deed for Partnership firm / Pvt Ltd Co

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

Name & Signature 1 _____ Name & Signature 2 _____

Date & Place _____

Date & Place _____

For Office Use Only

Recommended by1 Name & Designation _____ Signature _____ Date _____	Recommended by2 Name & Designation _____ Signature _____ Date _____
Approved by Name & Designation _____ Signature _____	
Corporate Office Sales & Marketing Code (if any) _____ Name & Designation _____ Signature _____ Date _____	IT Code (if any) _____ Name & Designation _____ Signature _____ Date _____