



Agency Code

Distributor Code

**Agency Name**

**Applicant Details**

(Please fill the name in capital letters)

Name

Father's /Spouse's Name

Applicant Designation:  Proprietor  Director  Authorized Partner  Authorized Employee

Date Of Birth  Gender  Male  Female Nationality

Mobile Number  Phone Number

Email Id

**Office Address**

Address

City  State

Pincode  Country

**Residential Address**

Address

City  State

Pincode  Country

**Documentation**

PAN Number

GST Number

Identity Proof

ID Proof No.

Address Proof

Address Proof Doc. Number

**Declaration By Applicant**

- I/We certify that the information I have provided is true and complete to the best of my knowledge. I am aware that this self declaration statement is subject to review and verification and if such information has been found to be false by the company at any given point of time company shall have right to terminate/cancel the appointment and may forfeit any payment thereof for fraud and/or perjury.
- I/We also understand and agree that any amount deposited with the company at the time of registration under any head shall not be refundable under any circumstances.
- I/We also agree to abide by the terms and conditions laid down by the company. Company shall have the right to take action as per the terms laid down.

Date:

Place:

Signature & Agency Stamp

I do hereby declare that i have verified all the documents of the applicant and have also conducted on premise visit.

Name:

Employee ID:

Designation:

Date:

Signature