



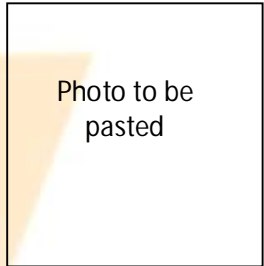
Arthayan Bizfinmart private limited

Channel Partner / Franchise / DSA Enrollment Form

1. Name of Applicant:-----
2. Residential Address: -----

----- Location: ----- Pin Code: -----
3. Educational Qualification:-----
4. Business Name: -----
5. Constitution (Proprietor / Partnership Firm / Private Ltd / LLP / HUF): -----
6. Company PAN Number:-----
7. Office Address: -----

Location: ----- Pin Code: ----- Land Line No: -----
Mobile No: ----- Email ID:-----
- Office Status (Choose any one): Rented----- Owned -----
- Name of the Owner (if rented): ----- Mobile No: -----
- No. of years at current address: -----
- Existing activities from this office: -----
- Bank Details: Bank & Branch Name-----
Account Number-----IFSC Code-----
8. Name(s) of financier(s) previously worked with (if any):-----



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Arthayan Bizfinmart private limited

9. References (details to be provided by the applicant):

a. Name -----Address-----

Mobile No: -----Landline No: -----

b. Name -----Address-----

Mobile No: -----Landline No: -----

10. Channel Product: -----

I hereby apply for empanelment as Channel Partner / Franchise and undertake to abide by the terms & conditions. Subject to the satisfaction of my (our) profile as per eligibility criteria and such other pre conditions set by you for such empanelment. I hereby state declare and certify that the information provided by me in this document is true and correct to the best of my knowledge.

Signature of the Applicant


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