

PARTNER REGISTRATION FORM

PARTNER INFORMATION

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Ltd. Co.	<input type="checkbox"/> Public Ltd. Co./ Unlisted
Firm Name	<input style="width: 100%;" type="text"/>		
Registered Address	<input style="width: 100%;" type="text"/>		
	City <input style="width: 20%;" type="text"/>	State <input style="width: 20%;" type="text"/>	PIN <input style="width: 20%;" type="text"/>
Head Office Address <i>(if different from regd. office)</i>	<input style="width: 100%;" type="text"/>		
	City <input style="width: 20%;" type="text"/>	State <input style="width: 20%;" type="text"/>	PIN <input style="width: 20%;" type="text"/>
Delivery Address <i>(if different from regd. office)</i>	<input style="width: 100%;" type="text"/>		
	City <input style="width: 20%;" type="text"/>	State <input style="width: 20%;" type="text"/>	PIN <input style="width: 20%;" type="text"/>
	STD Code <input style="width: 10%;" type="text"/>	Phone No. <input style="width: 20%;" type="text"/>	Fax <input style="width: 20%;" type="text"/>
Email ID	<input style="width: 60%;" type="text"/>		Mobile No. <input style="width: 20%;" type="text"/>

BUSINESS OPERATIONAL INFORMATION

VAT Regn. TIN No.	<input style="width: 100%;" type="text"/>
CST Regn. TIN No.	<input style="width: 100%;" type="text"/>
Income Tax PAN No.	<input style="width: 100%;" type="text"/>
UIN (Pvt. / Ltd. Co. only)	<input style="width: 100%;" type="text"/>

PRIMARY OPERATIONAL CONTACTS

Function / Designation	Name	Phone No.	Email ID
Owner / Business Head	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Finance Head	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Purchasing Head	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Accounts Payable	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Purchase Officer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Branch Office Location	<input style="width: 100%;" type="text"/>
Sister Concern	<input style="width: 100%;" type="text"/>
(Please mention cities / names above, and attach an annexure listing out information for each)	

DETAILS OF BANK / CREDIT FACILITIES

Bank Name	<input style="width: 100%;" type="text"/>	A/C No.	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>	A/C Type	<input style="width: 100%;" type="text"/>
		CC / OD Limit	<input style="width: 100%;" type="text"/>
		LC / BG Limit	<input style="width: 100%;" type="text"/>
Phone No.	<input style="width: 100%;" type="text"/>	Collateral	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 20%;" type="text"/> Amount

PARTNER REGISTRATION FORM

BUSINESS OWNERS INFORMATION

BUSINESS OWNER 1

Designation (Tick one)	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Primary Partner	<input type="checkbox"/> Managing Director
Full Name	<input type="text"/>		
Residential Address	<input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	PIN <input type="text"/>
Birthday	<input type="text"/>	Wedding Anniversary	<input type="text"/>
Income Tax PAN No.	<input type="text"/>	Ownership %	<input type="text"/>
Residential Telephone No.	STD Code <input type="text"/>	Phone No.	<input type="text"/>
Email ID	<input type="text"/>	Mobile No.	<input type="text"/>

BUSINESS OWNER 2

Designation (Tick one)	<input type="checkbox"/> Business Partner	<input type="checkbox"/> Director	
Full Name	<input type="text"/>		
Residential Address	<input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	PIN <input type="text"/>
Birthday	<input type="text"/>	Wedding Anniversary	<input type="text"/>
Income Tax PAN No.	<input type="text"/>	Ownership %	<input type="text"/>
Residential Telephone No.	STD Code <input type="text"/>	Phone No.	<input type="text"/>
Email ID	<input type="text"/>	Mobile No.	<input type="text"/>

BUSINESS OWNER 3

Designation (Tick one)	<input type="checkbox"/> Business Partner	<input type="checkbox"/> Director	
Full Name	<input type="text"/>		
Residential Address	<input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	PIN <input type="text"/>
Birthday	<input type="text"/>	Wedding Anniversary	<input type="text"/>
Income Tax PAN No.	<input type="text"/>	Ownership %	<input type="text"/>
Residential Telephone No.	STD Code <input type="text"/>	Phone No.	<input type="text"/>
Email ID	<input type="text"/>	Mobile No.	<input type="text"/>

(Please attach annexure list as above for additional ownership information if required)

PARTNER REGISTRATION FORM

ATTACHMENTS: FOR BUSINESS ENTITY

1	For All - Copy of PAN card of the organization.
2a	For Proprietary concerns - Copy of proprietor's latest IT return with latest financials.
2b	For Partnership concerns - Copy of firm's partnership deed with latest financials.
2c	For Companies. - Copy of MOA & AOA, latest financials and form 32 ROC acknowledged copy.
3	For All - Copy of the VAT and CST TIN certificates of the organization.

ATTACHMENTS: FOR EACH OF THE OWNER INDIVIDUALS

1	For All - PAN Card copy of the individual
2	For All - Either of (i) Residence telephone bill copy or (ii) Residence electricity bill copy or (iii) Passport copy

I hereby confirm acceptance of the enclosed sales terms and conditions. I hereby further confirm and certify that the information and attachments given herein are correct and accurate and that any subsequent changes would be duly communicated to HCL by submission of a fresh form along with attachments.

Signature and Seal

Name _____

Designation _____