REGIONAL OFFICE

SERIAL NUMBER

LOCATION

Affix Passport Size Photograph

APPLICANTION FOR GRANT OF BUSINESS ASSOCIATE

Date of Registration: | | | | | | |

Registration code: | | | | | |

Personal Particulars

Name of the Applicant

Father's Name

Date of birth

Profession

Address of Residence

Tel. No.
(With STD Code)

Business Particulars

Name of the Organisation

Address of the Organisation

Mobile no

E-mail ID _____

Qualification

Registration fees Rs._____

Declaration

I, ……son of ……..do hereby declare that the facts /information given above are correct to the best of my knowledge and nothing has been concealed thereof and should it be found false at or after date, my appointment of business associate, will be liable for termination without notice.

T2P' Authorized Signature

Business Associate's Signature