RAGISTRATION FORM OF CHANNEL PARTNER
PAN INDIA PORTAL

C-16, Extension, New Ashok Nagar, East Delhi, Delhi-110096
Mo. 9205256503,7607202822, E-mail :helppanindiaportal@gmail.com
Website: www.panindiaportal.com

Sign across this photo

Please paste the visiting/Business card

Date

Authorised Partner ID

Sales Partner ID

Basic Details-

Full Name:

Father Name:

Gender: Male ☐ Female ☐ DOB: ☐☐☐☐☐☐☐☐ PAN ☐☐☐☐☐☐☐☐☐☐

Ragisterd Mobile: ☐☐☐☐☐☐☐☐☐☐ Email:_____

Organization Details-

Organization Name:

Type: Individual ☐ Partnership ☐ Date of incorporation:____/____/_____

PAN: ☐☐☐☐☐☐☐☐☐☐ Population Category: Urban ☐ Rural ☐

Address:_____

City:_____ State:_____ District:_____

Pin Code:☐☐☐☐☐☐ Ragisterd Mobile: ☐☐☐☐☐☐☐☐☐☐ Email:_____

Residence Address:

Address:_____

City:_____ State:_____ District:_____

Pin Code:☐☐☐☐☐☐ Ragisterd Mobile: ☐☐☐☐☐☐☐☐☐☐ Email:_____

KYC

Identity Proof: Voter Id ☐ Aadhaar ☐ Pan ☐ Passport ☐ D.L. ☐ Id No.:_____

Address Proof: Voter Id ☐ Aadhaar ☐ Passport ☐ D.L. ☐ Id No.:_____

I Confirm that the information given in this form is true, complete and accurate.

Signature Sales Partner

Signature Auth. Partner