

## CONSULTANT REGISTRATION FORM

(Please Fill in Block Letters)

Name of Consultancy: _____	Please affix recent passport size photograph
Name of person in charge: _____	
Email ID: _____	
Address: _____	

City: \_\_\_\_\_, State: \_\_\_\_\_, Pin code: \_\_\_\_\_

Phone Number: \_\_\_\_\_, Mobile Number: \_\_\_\_\_

Pan card Number: \_\_\_\_\_, Aadhaar Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_, IFS Code: \_\_\_\_\_

Account Number: \_\_\_\_\_, Branch Name: \_\_\_\_\_

### Declaration:

I hereby declare that the details given above are accurate to the best of my knowledge. In the event of any information being found false or incorrect, my commission would stand cancelled without any further notice. I understand that payment of incentive would only be done through cheque in the name of the consultancy or account transfer to the account mentioned above.

I also affirm that I have read and understood the guidelines and instructions and agree to abide by it.

Date: \_\_\_\_\_, Place: \_\_\_\_\_

Seal of Consultancy

Signature of the Person in charge