

FINANCE SUVIDHA KENDRA

BUILDING INDIA DIGITALLY

Contact: (+91) - 161-4665685



We Do Best, You Do Rest

AGENCY ENROLMENT / UPDATION FORM

AFFIX A PASSPORT
SIZE
PHOTOGRAPH

1. **Name of Enterprises:**
2. **Name of Owner:**
3. **Street Address of Shop/ Business Place:**
.....
.....
.....
4. **City**..... 5. **Main Area**
6. **Email-**
7. **INTERESTED IN** a.) **RETAILERSHIP** b.) **DISTRIBUTORSHIP**
8. **Contact Number-** 7(a). **Alternate Contact No.-**
9. **PAN -** 9. **Aadhaar Number-**
10. **By Which channel you are being enrolled.**
 - a. Directly Approached Company.
 - b. Inbound Marketing Team of Company.
 - c. Distributor Channel.(Mention Distributor ID.....)

Date:

Place:.....

Signature.....

.....For Use of Company only.....

Name of the Person Enrolling the Agency-

Type of Association with Company-

Reference Number -

Date of Enrolment

Signature of Person Enrolling

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