





**7. Name of Authorized Signatory's (In case of Partnership Firm / Company)**

- a. Name : 1. \_\_\_\_\_ 2. \_\_\_\_\_
- b. Mobile no : \_\_\_\_\_
- c. E-mail ID : \_\_\_\_\_

**8. No of years in Business / Profession : \_\_\_\_\_ years**

**9. Operating Location/s : \_\_\_\_\_**

**10. Permanent Account Number : \_\_\_\_\_**

**11. Service TAX number (if applicable): \_\_\_\_\_**

**12. Bank Details (Please mention bank details for direct credit of payout) :**

- Name of the Bank: \_\_\_\_\_
- Branch & Address: \_\_\_\_\_
- Account Number: \_\_\_\_\_ Type (Pl tick): SB / CA
- IFSC Code : \_\_\_\_\_ MICR code: \_\_\_\_\_

**13. Detail of Association with other financial institutions :**

Name of the Institution	Associated since	Business done during last fin year

**14. References (Name, Address, Contact No.) :**

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

Date :

Place:

.....  
Signature of the Applicant



**For Office use only**

**Connectorship Mapping**

Name of Territory Office: \_\_\_\_\_

Name of SE: \_\_\_\_\_

Name of ASM: \_\_\_\_\_

Relationship with SE/ASM (PI specify if any):

Reference Check done by :

**Recommendation of ASM**

\_\_\_\_\_  
\_\_\_\_\_

Signature of ASM

\_\_\_\_\_

**Recommendation of Territory Manager**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Territory Manager

\_\_\_\_\_

**For Corporate office use -**

Verified By :

Approved By :

Connector Code :