APPLICATION FORM FOR CONNECTORSHIP

1. Name of Applicant (For Connectorship) :	Passport size photograph of Individual / Authorized Signatory& sign across photograph
2. Status / Constitution:	
☐ Individual ☐ Proprietorship Firm ☐ Partnership Firm ☐ Private Ltd Compa	any
Others (Please Specify)	
3. Profile:	
☐ Builder ☐ Chartered Accountant ☐ Financial Consultant ☐ Real Estat	te Agents
Others (Please Specify)	
5. Residential Address (For Individual) :	_
Telephone No	
Mobile No	
Email Id	
6. Business Address (For Proprietorship/Partnership Firm / Companies):	
Mobile No	
Email ID	

Registered and Corporate Office: 112, Maker Tower F, 11th Floor, Cuffe Parade, Mumbai - 400 005. Contact No - +91 22 43447575 / 522



LICHFL Financial Services Limited.

7. Name of Authorized Signa	t ory's (In case of Partnership	Firm / Company)
a. Name : 1	2	
b. Mobile no:		
c. E-mail ID :		
8. No of years in Business / P	rofession: years	
9. Operating Location/s:		
10. Permanent Account Num	ber :	_
11. Service TAX number (if ap	pplicable):	
12. Bank Details (Please men	tion bank details for direct cre	edit of payout) :
Name of the Bank:		
Branch & Address:		
Account Number:		Type (PI tick): SB / CA
IFSC Code :	MICR cod	le:
13. Detail of Association with	other financial institutions :	
Name of the Institution	Associated since	Business done during last fin year
14. References (Name, Addre	ss, Contact No.):	
1.		
2		
-		
Dete		
Date:		
Place:		Signature of the Applicant

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For Office use only

Connectorship Mapping	
Name of Territory Office:	
Name of SE:	
Name of ASM:	
Relationship with SE/ASM (Pl 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 :	

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