

Agent Name	
Agent Code	
Name of the Firm / Individual	
Address	
Country	
State	
City	
Taluka	
Pincode	
Occupation	
Educational Qualification	
Constitution of th Firm	
Industry Type	
Date of Incorporation	
Name of Proprietor / Partner / Director	
Primary Contact No	
Secondary Contact No	
Primary Email Id	
Secondary Email Id	
Status of Shop Godown	
Area of Shop / Godown(in sq.ft.)	

Other Major Distributorship	
Investment Range	
GST No	

BY FILLING THIS FORM YOU AGREED TO OUR TERMS & CONDITIONS.

Signature

Date

"SHOPCLICK"

Bank Name	-
Branch	-
Account Type	Current Account
Account No	-
IFSC Code	-