

Distributor Registration Form

Distributor Type (Please Tick)-

Master (Tyre III).....

Main (Tyre II).....

Sub-Distributor (Under Master).....

Proposed Investment in OnPay (In Rs.)-

Registration Amount _____

Stock Balance _____

Retailers I'D (Number of) Normal I'd _____ IRCTC _____ Aadhar _____

Investment Planning (Working Capital) _____

Distributor Profile Details-

Firm Name _____

Location Name _____

District _____

State _____

Full Address _____

Pin Code _____

Mobile Number (To be registered with OnPay) _____

Other / Emergency Contact No. _____

Emailaddress (To Be registered with OnPay) _____

Contact Person Name _____

Designation _____

Type of Company (Please Tick) Proprietor / Partnership / Pvt. Ltd. / Limited / Any Other

If some other one looking this Business Please fill below details-

Name _____ Designation _____

Contact No. _____ Email Address _____

Current Business Profile-

Particular	Business 1	Business 2	Business 3
Type of Business			
In business since			
Turnover per annum(In Lakhs)			
No of field staff			
No of Back Office Team & Others			
Area of operations			
Office Size			
Office own or rented			

Banking Details-

Bank Name _____

Bank Address _____

City _____

Pin Code _____

Account No. _____

Branch Code _____

IFSC Code _____

MICR Code _____

Details of Registration Fee-

Amount _____

Cheque / DD _____

Bank, Branch & Date _____

Committed planning for manpower (For OnPay Business)-

Field Executive _____

Back Office _____

Distributor Evaluation Parameters (Give marks on a scale of 10)-

Qualification _____	Business Experience _____
Communication Skills _____	Market Reputation _____
Credit Availability _____	Financial Capability _____
Office Location _____	Office Infrastructure _____
Field Resources _____	Backend Support _____
Overall Rating (On a scale of 10) _____	

Distributor Declaration

1. I have read , understood and agreed the terms & conditions provided in the website and accept them as binding on me. I have understood all particulars of the investment plan, trading process, margins and related terms & conditions.

2. I confirm that I am currently not doing Airtel mobile prepaid recharges through the LAPU SIM/ Distributor SIM of Airtel distributor. If company will find any negligence in this clause then company will reliable to penalty.

3. I have understood and agreed all the terms and conditions regarding the upgradation of Terminal/Software and accept them as binding upon me.

4. I confirm that the information(s)/particulars supplied by me are correct in all respects.

Name of Person:

Designation:

Date:

Note: *Address Proof should match with either Retail Outlet Address or Permanent Address

***Distributor should sign on all the pages of ROE form with rubber stamp**

***Filling the checklist is mandatory. Forms without the completed checklist will not be accepted**

Distributor Stamp

Authorized Signatory (with seal)

OFFICE USE

Documents to Be Enclosed (Checklist)-

1. Letter of Interest
2. Business Plan
3. 2 Passport size photographs
4. 6 months Bank Statement
5. PAN Card Copy
6. Proof of Address
7. One Cancelled Cheque (For RTGS Purpose)
8. Copy of Partnership Deed (In case of Partnership Firm)
9. Registration Certificate (In case of Pvt. Ltd. / Limited Firm)

ASM/ZM/RMRemarks _____

..... Distributor Signature
..... Distributor stamp

SO/TSE/TSM Name- _____ Signature
--

ASM/ZM/RM Name _____ Signature
--

For Office use :-

Sales / Business Head Name :- _____	
Please Tick Approve () / Not Approve () Signature