

ICE CREAM PARTNER-APPLICATION FORM

| | | |
|---|---|--|
| 1 | Name & Address of the manufacturer/dealer | |
| 2 | Contact persons and address | |
| 3 | License & Registration details (attach copy) | |
| 4 | Contact numbers | |
| 5 | E mail ID | |
| 6 | PAN number (attach copy) | |
| 7 | GST Number (attach copy) | |
| 8 | Name of the selling brand | |
| 9 | Royalty amount for banking Partner | |

Last date for submission 3 PM on 29/10/2019 Extended to 06/11/2019

Date of opening 4 PM on 29/10/2019 Extended to 06/11/2019

I hereby declare that the above details and true and correct.

Name:-

Signature:-

Date:-