

INSURANCE-APPLICATION FORM

1	Name & Address of the Company	
2	Contact persons and address	
3	Registration/License number (attach copy)	
4	Contact numbers	
5	E mail ID	
6	PAN number (attach copy)	
7	GST Number (attach copy)	
8	Previous experience doing similar work if any.(enclose proof)	

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

Name:-

Signature:-

Date:-