## 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           |              |  |
| <del>'</del>  |  |              |  |
| Last date for submission 3 PM on 29/0                         |  | n 29/08/2022 |  |
| Date of opening 4 PM on 29                                    |  | n 29/08/2022 |  |
| I hereby declare that the above details and true and correct. |  |              |  |
|   |  |              |  |
| Name;-  |  |              |  |
| . 40  | ,  |              |  |

Signature:-

Date:-