

## INSURANCE-APPLICATION FORM

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

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

Name: -

Signature:-

Date:-