

MARKETING PARTNER

APPLICATION FORM

| | | |
|----|--|-------------------------------|
| 1 | Name of the company/organization/firm/individual | |
| 2 | Registered address | |
| 3 | Local address | |
| 4 | Name of the proprietor | |
| 5 | PAN No (attach copy) and status of income tax returns filing for preceding two financial years | |
| 6 | Contact numbers | Land Phone: Mob: Email: |
| 7 | Registration No (attach copy of reg: Certificate) | |
| 8 | GST No (attach copy of certificate) | |
| 9 | Amount offered without GST 18% | |
| 10 | EMD amount | |
| 11 | Details of remittance of EMD | |

Declaration: The details stated above and true and correct

Signature & seal

Date:

Last date for submission

: 10/11/2023, 5 PM

EOI opening date:

: 11/11/2023, 10 AM onwards