



EXTEL POSA (2016 - 2017) ENROLLMENT FORM

To be filled in black letters using black pen

PERSONAL DATA

Name :

Date of Birth and Age :

Fathers / Husband's Name :

Educational Qualifications :

Languages Known :

Occupation : Business Housewife Employed
Others (Please specify)

PAN No. :

Driving License No. :

Passport No. :

Identification Marks :

If Involved In

- Social Activities (Pls specify) :
- Politics (Pls specify) :



CONTACT PARTICULARS

Office :

Ph..... Mobile.....

Fax..... Email.....

Residence :

Ph..... Mobile.....

Fax..... Email.....

Permanent Address :

Ph..... Mobile.....

Fax..... Email.....



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BUSINESS PARTICULARS

Company Name :

Constitution : Proprietor Partnership Private Ltd.

Date of Incorporation : No. of Partners / Directors

Nature of Business :

Bankers Details :

Office Area :

Office Location & Landmark :

Details of Computer/ Internet :

No. of Phone lines / Mobiles :

No. of Staffs - Full / Part-time :

PAN No. :

DECLARATION AND EXPRESSION OF INTEREST

I hereby declare that the particulars furnished above are true to the best of my knowledge. I request you to kindly register me as an applicant for POINT OF SALE AGENT. I enclose herewith Cheque no dated..... drawn on for Rs. towards my Non Refundable Licence Fee for the year 2016 - 2017. I understand that EXTEL only has the final decision to appoint or cancel this request for POSA, and I shall abide by all rules and regulations of EXTEL CONSULTING.

FOR OFFICE USE ONLY	POSA CODE :
	MCP :
	APPOINTMENT DATE : TIME:.....

Verified by..... Approved by.....

Signature & Date

1. Print and fill all the details
2. Paste your photo
3. Sign it
4. Attach ID proof
5. Attach address proof
6. Attach deposit amount Cheque/DD favoring "EXTEL CONSULTING" or mention online transaction details.

Send post to:

Extel Consulting

No: 8/28 Madurai Veeran Koil Street,
Tnagar, Chennai-600017