



CHANNEL PARTNER INTENT FORM

Name of Company: _____

Address: _____

Tel: _____ Mobile: _____

E-mail: _____ Website: _____

Qualification: _____

Existing Business / Occupation: _____

Nature of Business / Industry: _____

Number of Offices: _____

Location: _____

Investment Capacity: Upto 1 lac 1 To 2 lacs 2 lacs to 5 lacs > 5 lacs Appropriate Box

Additional Information: _____

Preferred Time for Contact: _____

Preferred Dates for Personal Meeting: _____

Authorized Contact Person's Name & Number: _____

Signature: _____

Date: _____

Place: _____

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