



reconsult
advisory.com

Wealth Creation
To Wealth Protection



Channel Associate Application Form





Channel Associate Application Form

*Important Notice:
The applicant must give complete and accurate information.*

Individual Channel Associate Corporate Partner
 Franchise

Photo
(Passport Size)

Photo
(Passport Size)

Individual Applicant/ Authorized Person (In case of Company)	Non-Individual
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Title</td></tr> <tr><td colspan="2">Name</td></tr> <tr> <td style="width: 10%;">Gender</td> <td> <input type="checkbox"/> Male <input type="checkbox"/> Female </td> </tr> <tr><td colspan="2">Father's Name</td></tr> <tr><td colspan="2">Mother's Name</td></tr> <tr> <td>Date of birth</td> <td style="text-align: right;">(dd/mm/yyyy)</td> </tr> <tr><td colspan="2">Age</td></tr> <tr><td colspan="2">Nationality</td></tr> <tr> <td>Marital Status</td> <td> <input type="checkbox"/> Single <input type="checkbox"/> Married </td> </tr> <tr><td colspan="2">Occupation</td></tr> <tr><td colspan="2">Monthly Income</td></tr> <tr><td colspan="2">PAN No</td></tr> <tr><td colspan="2">Unique ID No:</td></tr> <tr><td colspan="2">Others</td></tr> </table>	Title		Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Father's Name		Mother's Name		Date of birth	(dd/mm/yyyy)	Age		Nationality		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Occupation		Monthly Income		PAN No		Unique ID No:		Others		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Name of Company</td></tr> <tr><td colspan="2">Company Registration No.</td></tr> <tr><td colspan="2">Date of Company registration</td></tr> <tr> <td style="width: 15%;">Type of Organization</td> <td> <input type="checkbox"/> Cooperative / Association / Club <input type="checkbox"/> Partnership <input type="checkbox"/> Private <input type="checkbox"/> Public Listed <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government Agency <input type="checkbox"/> Others _____ </td> </tr> <tr> <td>No of Branches</td> <td>_____</td> </tr> <tr> <td>Employees Strength</td> <td>_____</td> </tr> <tr> <td>Areas of operations</td> <td> <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West </td> </tr> <tr><td colspan="2">Authorized Person</td></tr> <tr><td colspan="2">Designation</td></tr> <tr><td colspan="2">Contact No:</td></tr> <tr><td colspan="2">Email ID</td></tr> </table>	Name of Company		Company Registration No.		Date of Company registration		Type of Organization	<input type="checkbox"/> Cooperative / Association / Club <input type="checkbox"/> Partnership <input type="checkbox"/> Private <input type="checkbox"/> Public Listed <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government Agency <input type="checkbox"/> Others _____	No of Branches	_____	Employees Strength	_____	Areas of operations	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Authorized Person		Designation		Contact No:		Email ID	
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Address (Office)				
Postcode	Town	State	Country	
Address (Home)				
Postcode	Town	State	Country	
Contact Details	Phone No	Mobile	House	Office
	Email			
Preferred Mailing Address		<input type="checkbox"/> Office	<input type="checkbox"/> Home	
Bank Name & Address				
Postcode	Town	State		
Account No.	Account Type		<input type="checkbox"/> Savings	<input type="checkbox"/> Current

Details of Spouse / Beneficiary

Spouse / Beneficiary Name			
UID NO:		DL/ Army / Police / Passport No.	
Date of Birth	(dd/mm/yyyy)	Age	
Gender		Nationality	Religion
<input type="checkbox"/> Male <input type="checkbox"/> Female			Relationship with Applicant
Occupation		Monthly Income (RM)	
Address			
Postcode	Town	State	Country
Contact Details	Phone No	Mobile	House
	Email		Office

Other Details

1 a) Are you applying to be a full or part time representative ? Full Time Part Time

b) If part time, do you intend to be a full time representative and when? Yes (Date: (dd/mm/yyyy)) No

2 Which district do you wish to operate?

3 Please provide details of your academic qualifications (minimum Graduation)

4 Do you have any spouse /family members'/relatives/ friends that works in Re-Consult? Yes (If Yes, please provide details below) No

Name	Occupation	Department/Division

Experience

Name of Company	Designation	Date		Reason for Termination
		Appointment	Termination	
1				

2 Please state experience / courses / awards that you have obtained during your service with other Company

Name of Company	Year	Experience/Courses/Awards

For Corporate Applicant only (Details of the Corporate's Nominee)

Name	Contact No	Designation

Reference

Name			
Address:		DL/ Army / Police / Passport No.	
Occupation		Age	
Relationship with Applicant			

Address

Postcode	Town	State	Country
Contact Details	Phone No	Mobile	House
			Office

Declarations

I / We hereby declare that:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. All information in this provided herein are true and correct and does not contain any false information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I/we have never committed any offence such as misuse of money, breach of trust, fraud or forgery or being an accomplice in the said crimes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I/we have never been found guilty for fraud, dishonesty or giving false statement against any company or individual. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I/we have never been declared as a bankrupt. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I/we agree and authorize Re-Consult to contact any party for the purpose of getting any information about me/us. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I/we agree to abide by any terms & conditions in the Re-Consult Channel Associate Agreement which shall be entered between me/us and Re-Consult or any directives, guidelines and or circulars which shall be issued from time to time. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I/we do not have any arrears of contributions / premium / other financial liability with any company(ies) that I/we have entered Re-Consult Channel Associate Agreement(s) with. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I/we agree that statement and declarations stated in this form will be the basis of my/our contract with Re-Consult and it will be part and partial of the Re-Consult entitled to reject my/our application without providing any reason thereof. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I hereby absolve Re-Consult Group and or its employees or directors or associates for any kind of miss commitment to any clients. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I pledge to undertake the business and conduct my business activities in the utmost ethical way. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Re-Consult is entitled to terminate the Re-Consult Channel Associate Agreement entered with me/us in the event that the details provided herein are incorrect. | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Applicant / Company Stamp

Date

Validated by	Authorized by	Application Approved
Signature Name Date	Signature Name Date	OfficialStamp Name Designation Date
Remarks	Remarks	Remarks

Re-Consult Advisory Services.

Corporate Office - India

Silver Oak Heights, 49 Tower B, 6th Floor, VIP Road Zirakpur, Chandigarh

Overseas office

Rupin Estates 407, 40 - Panorama court, Etobicoke. Ontario Canada

email: support@re-Consult.in, www.reconsultadvisory.com Help line : +91 – 9988811143, +91-9988091143