



ASSOCIATION FORM

Affix passport size photograph and sign across

Application Form No. _____ Code : _____

Name:

First Name

Middle Name

Surname

Date of Birth:

DD

MM

YEAR

Name of Father:

First Name

Middle Name

Surname

Date of Anniversary:

DD

MM

YEAR

Residential Address:

City: _____ State: _____ Pin Code: _____

Telephone Res: _____ Mobile: _____

E-mail: _____

Company Name:

Company Address:

City: _____ State: _____ Pin Code: _____

Telephone Res: _____ Mobile _____

E-mail: _____

Website (if any): _____

Income Tax Permanent A/C Number (PAN/GR No.):

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Educational Qualifications (Please tick whichever applicable):

Under Graduate
 Graduate
 Post Graduate
 Professional Degree

Please Specify.....

My Current Occupation is:

Salaried
 Professional
 Businessman
 Student
 Retired

Please Specify.....

Nominee Details

First Name										Middle Name										Surname									

City: State: Pin Code:

Telephone Res: Mobile:

E-mail:

Relationship with Applicant

Spouse
 Father
 Mother
 Brother
 Other

Other Please Specify

Work Experience (Group Worked with):

	Company Name:	No. of Units Sold :
1.		
2.		
3.		
4.		

References:

S. No.	Name	Address & Contact No.	Occupation	Remarks
1.				
2.				

Declaration

I/We declare that all the particulars and information given in the Application form are true, correct, complete and up to date in all respects and I/We have not withheld any information. I/We confirm that I/We have had no insolvency proceedings initiated against me/us nor have I/We ever been adjudicated insolvent. I/We authorize the company to make references and enquiries relative to information in this application which the company considers necessary. I/We also authorize the company to exchange, share part with all information relating to my/our details and history information to other Banks/Financial Institutions, etc. as may be required and shall not hold the company liable for use of this information. I/We undertake to inform the company regarding change in my/our office address and to provide any further information that the company may require. I/We have read and understood the role & responsibility and also understand that the company has the right to reject my application without providing any reason.

Place :.....

Date :.....

(Signature of the Dealer/Associate)

Note: Please attach the followings

- 1. One Passport size photograph
- 2. Photocopy of Pan card
- 3. Proof of identity i.e Passport/Driving License/Election ID card.
- 4. Proof of Residence i.e Passport/Driving License/Ration Card/Telephone Card/Telephone Bill/Electricity Bill
- 5. Cancelled Cheque

For Office Use

Document Verification: Yes/No Verified By: Date:.....

Code Allotted	Branch	Manager	Appointment Date

Remarks (if any):

Signature_____



SUN INDIA DEVELOPERS

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