

CYBERPASSION

Corporate Office: EC-66, Chandanvan, Mathura, UP, India

Phone: +91-8979744113, 7895564755

Email: support@cyberpassion, sales@cyberpassion.com

PARTNER REGISTRATION FORM (PART 1/3)

Name of the Firm/Company: _____

Name of the Proprietor/Partner/Director: _____

Designation: _____

PAN No: _____ Aadhar No: _____

Address: _____

Email: _____ Phone/Mobile Number: _____

Of which area you can become a franchise:

A - District HQ: Name of District _____ Define Area _____ State _____

B - Tehsil HQ: Name of Tehsil _____ District Area _____

State _____

Do you have any experience in franchise business in IT sector? Yes / No

Brief history of products of the franchisee business you have done so far,

Authorized Signatory
Cyberpassion

Partner Signature

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PARTNER REGISTRATION FORM (PART 2/3)

Name of the company for which you have already done the distribution or franchise work (If yes then Applicable)

Name of the Company	Year	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of your bank: _____

Current A/c No: _____

Branch Address: _____

Annual Turnover: _____

Authorized Signatory
Cyberpassion

Partner Signature

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PARTNER REGISTRATION FORM (PART 3/3)

Infrastructure:

Office Address: _____

Number of Manpower: _____

Reference Name: _____

Phone Number: _____

Franchise Type: _____

If you accept the above terms and conditions and are ready to give us all mentioned information then please attach your last 3 ITR and balance sheets with application form and send it to Cyberpassion.

Please Note:

Cyberpassion has the right to reject any application without assigning any reason. However the information mentioned in the form will be kept confidential and won't be shared anywhere.

Contract Specifics:

Authorized Signatory
Cyberpassion

Partner Signature
