

SUNELITE GLOBAL PRIVATE LIMITED (IBO) Application - 1(A)

SUN ELITE GLOBAL PRIVATE LIMITED
NO: 19 SREE VIGNESWARA SHOPPING COMPLEX,
TRICHY - CHENNAI MAIN ROAD
NO: 1 TOLLGATE, BIKSHANDARKOIL
TRICHY - 621 216 TAMIL NADU - INDIA

Customer Care No: 73730 96454 Email : Customercare@sunelite.in

Please fill the form in capital Lettter with Black Ball Point Pen

For Individuals Only	s Only APPLICATION FORM																	
Individual Sole Proprietorship	Partnersh	nip Firm		Priva	ate Lim	ited Con	npany	,										
(*If any of the boxes is checke	d please provide rele	vant docum	nentatio	n)														
Applicant's Name Entity Name :									001									
Partner / Director / Name :								(IN BI	LOCK	LETTE	:KS)							
Father's Name / Husband's Name :										LETT								
Gender : Male Female Appli	cant's Date of Birth :	·/ .	/_		_ Ar	oplicant'	s PAN				LINO)				\neg			
Marital Status : Married F	emale	DD	ММ	YY	_										_			
Malling Address:																		
City	State			Cou	ntry													
Code E-mail ID																		
Contact Details (please Mention With STD Codes	i):	Office Nu	ımber		I			1	Mobil	le Nu	mber		工					
Applicant's Bank Account Details:																		
Bank Name			Bra	anch I	Name:													
Account Number		Name as	per Bar	nk A/c	· _													
PLACEMENT INFORMATION				IFS (Code:									I				
Sponsor Name:					Spons	or Code	_											
Sponsor phone Number:			Ple	ase tio	k the a	ppropriat	te posi	ition:		Left		R	ight					
NOMINATION DETAILS																		
Name			Relatio	n ,														
Address:																		
					_	Date o	f Birth	1:	_	OD OC	_/_	<u></u> ,	/	/Υ	_			
By signing below I acknowledge that I have read the to be bound them. I certify that the information is con			ntarily a	gree, d	of my ov	wn free w	vill, pro	vided	here	in								
to be bound them. I certify that the information is con	ect to the best of my r	Tiowieuge					Г	ES	SEN	TIAL	PAC	ĸ						
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Signature of the Applicant & Date							Г		EMIE	R PA	CK							
Important: Valid copy of pan card cancelled cheque along from the date of registration to aviod deactivation.		to be submit	ted within	n 15 d	ays			_ · · ·										
		OR OFFICE	USE ON	LY														
IBO Membership Code	Checked By							Verified By										