

Partner Enrollment Form

Company Information	
Company Name	
Address Line 1	
Address Line 2	
City	
State	
Phone Number	
Web-Site	
Establishment Date	
GST Number	

Contact Information			
Contact Person 1		Contact Person 2	
Name		Name	
Designation		Designation	
Email Address		Email Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	

Define your current Business	
Current line of Business	
Your Geographical reach / if any	
Your Team Size	
Your Sales Team Size	

Average employee size of clients			
	Headcount	Percentage	
	0-200 Employees	%	
	201 - 500 Employees	%	
	500 & Above	%	

Business Plan		
Preferred Business Mode	Deployment Option	Preference (Yes / No)
	SaaS - Cloud Application	
	Enterprise - On-Premises Application	
	Payroll Partner????	

Any HR System you are selling			
	Product 1	Product 2	Product 3
Name of the Product			
Association Date			
Remarks			

Declaration:

I do hereby declare that all the information given above is true to the best of my knowledge and belief.

Name:

Signature:

Date: