

Channel partner registration form

Name:	
Designation:	
Mobile:	
Email:	
Company name:	
Address:	
RERA registration no.	
Other Associates:	
Name:	
Designation	
Mobile:	
Email:	

Interest to take projects:	1.
	2.
	3.

Support required:	☐ Standee ☐ Foam boards ☐ Flyers
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Sign	Place	Date

Remarks for office use: _____
