



Since 1996

Vichare Express & Logistics Pvt. Ltd.

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Confidential : This application form is for completion by applicants to be eligible for being Business Associate. The information submitted in this form will be treated by VICHARE strictly as private and confidential. Please help by completing all sections carefully and thoroughly and use additional pages/appendices as necessary. This form will present information that is essential for our consideration in granting a Business Associate.

* Use only CAPITAL block letters while filling the form & please ✓ whichever is applicable.

B.A. Code :

APPLICATION FORM



Affix Passport Size Photograph

- Business Associate :** Direct Channel Partner District Area Development
- Master Exclusive Multi Unit Single Unit Freelance Marketing - Normal / Plus
- Collection (Online / eBooking) Delivery (Mobile App / Manual)

Personal Information

Personal Details :

Full Name: (NAME) (MIDDLE NAME) (SURNAME)

Age : Years Date of Birth : Income Tax PAN: Individual

Marital Status : Unmarried / Married / Widower Wedding Date :

Residence Address : Flat No./ Room No: Wing : Floor :

Building Name :

Plot No./ Street Name :

Area Name / Land Mark :

Village / Town / City : Taluka :

District: State : Pin-code:

Contact Number: Resi.: STD Code Tel.:

Mobile No : Fax No: STD Code Tel.:

email :

Native Place : At Post :

Taluka : Dist.: State :

Languages Known : English Hindi Marathi Gujrathi or any others

Educational Qualification: No. of Dependents :

What is your current net worth? Rs.

Personal Bank Account : Saving Bank A/c No.:

Name of the Bank:

9 Digit MICR No.: IFS Code:

Branch Address :

Business Experience :

Experience in Express Industry If any :

Any Other Occupation ? (if yes, Please Specify) :

Will you be utilising a company that currently exists to take on the franchise or will you be registering a new one?

Business Organization:

Firm Name :

Sister Concerns, if any :

Nature of Business :

Constitution: Proprietorship Partnership Pvt. Ltd. Formation Date :

If Partnership / Pvt. Ltd. than others Partner / Director Names and Address:

Name

Address

Name

Address

Income Tax PAN : Firm :

Office Address : Office No. / Flat No. / Room No. : Wing Floor :

Building Name :

Plot No. / Street Name :

Area Name / Land Mark :

Village / Town / City: Taluka :

District: State: Pin-code:

Contact Number: Tel.:STD Code 1. 2.

Mobile No. : Fax No. : STD Code Tel.No:

email:

Employee Strength: Annual Income :Rs. Weekly Off:

VAT TIN No.: CST TIN No.:

Shop & Establishment Registration No.: Profession Tax No :

ESIC Registration No.: PF Registration No. :

MLWF Reg. No.: Service Tax Reg.No.:

Firm Bank A/c No.

Name of the Bank:

9 Digit MICR No.: IFS Code:

Branch Address :

Available infrastructure :

Location from which business will be conducted :

Office Premises : Commercial Shopping Industrial Residential Working Hours: am to pm.

Office Area Sq.ft.: Frontage ft.: Occupancy status of Place of work: Owned Rented Leased

If not owned, indicate period up to which present rent/leased agreement is valid : Years On which Floor:

Proximity in Km of the office to : Railway Station : km City Bus Stand : km Airport : km

Number of computers : Printers : Bar Code Scanner: Photo Scanner: Internet: Yes No

Weighing Machine : Yes No if Yes than : Electronic Manual Weighing Capacity: kg

Manpower Available (to perform courier related operation) :

Number of vehicles for deliveries : Vehicle Available : Two Wheeler Three Wheeler Four Wheeler

Business Plans:

Your Business Plans :

How much growth is expected ?

My involvement will be: Full Time Part Time Inactive Investor

Business Contacts available within the city : Yes No

Will other family members be involved ?

How much business is expected ?

within 3 Months:Rs. No. of Documents Parcels

within 6 Months:Rs. No. of Documents Parcels

within 1 year : Rs. No. of Documents Parcels

Required Serviceable Pin-codes : (if more than attached separate sheet)

Pincode	Pincode	Pincode	Pincode	Pincode
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Do you have any Contract with Competitors / Employees of Competitors / Agents of Competitors ? Yes No

If yes, Please describe :

Please provide any additional information that you believe will help us decide to award the Business Associates scheme to you.

Any of your relative working in VICHARE ? Yes No (if yes, Please Specify) :

Name :

Service Centre :

References :

1. Name :

Address :

Contact Number : Tel.: STD Code: Tel.No:

Mobile No. :

2. Name :

Address :

Contact Number : Tel.: STD Code: Tel.No:

Mobile No.:

Declaration :

I S/o, D/o, W/o

hereby declare that all of the above

information is true and correct to the best of my knowledge and that I will make all other required financial information available upon request. I have read and understood the terms and conditions, I hereby agree to abide by them. I also agree to abide by any changes that may be made in them from time to time. I also understand that submission of this application does not mean automatic acceptance. I hereby authorize VICHARE EXPRESS & LOGISTICS PVT. LTD. to make inquiries about my credit history, character and ability to pay, and to contact anyone, whether or not listed on the original application. I release all such persons from any liability or damages that may be incurred as a result of such inquiry or of the furnishing of such information.

I understand that any misrepresentation of factual information requested on this application form may be a cause for removal from The VICHARE system.

Name :

Date :

Signature of Applicant :

Place :

FOR OFFICE USE ONLY

Application received on :

Application Verified Date:

Verified By: Name:

Desig.:

Sign:

Verification Remark:

Office / Site Visit Date:

Inspected By : Name :

Desig.:

Sign:

Site Inspection Report :

Personal Interview: Date:

Interviewed by : Name

Desig.:

Sign:

Assessment of the Applicant base on Personal Meeting: Detail of Manpower: Existing Proposed

Financial Standing :

Remarks, if any

Director Approval: Name

Date: Sign:

Date of allotment:

Code No.:

Agreement Period : From to

Allotted Pincode :

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Service Centre / B.A.'s name & address
(under whom this B.A going to report daily)

Security Deposit Details : DD./ PO No.

DD. /PO Date : Receipts No :

Rs. Rupees

Name of the Bank :

Branch :

Agreement Discontinue on

Reason :

Authorised by Name :

Designation :

Date : Sign :

Checked List

Please enclosed Xerox copy of following documents :

- 1. Residential proof - Voter ID, Aadhaar Card, Electricity Bill, Passport, Driving License
- 2. Age Proof - Birth Certificate, Pan Card
- 3. Photo ID Proof
- 4. Three Photographs of office premises : Frontage, Interior, Surrounding (Postcard Size)
- 5. Individual Photo – Passport size -6
- 6. Leave & License agreement / Premises ownership deed
- 7. ITR - Two year
- 8. Bank Pass book or Bank Account Statement of last 6 months and one cancelled cheque
- 9. Telephone Bill (For verification of contact number)
- 10. Letter of reference- Two Persons
- 11. PAN Card
- 12. Shop & Establishment License
- 13. Service Tax Registration Certificate or applied copy
- 14. ESIC / PF / Profession Tax / MLWF registration Certificate
- 15. Married women with change of name after marriage should furnish a copy of the marriage certificate or an affidavit in support of the maiden name and name after marriage.
- 16. Partnership Deed / Certificate of Incorporation and Memorandum of Association & Articles of Association
- 17. All the paper should be self attested.