



GI TECHNOLOGY PVT LTD.

CHANNEL PARTNER APPLICATION FORM

FORM No.: _____

Date: _____

1. For Retailers

1. Name of the Organization: _____

2. Type of Organization Cyber Café Home/Office New Enterprise

3. Nature of Business : Services Utilities
 Entertainment Others _____

4. Type of Industry:

5. Annual Business Turnover (Rs.) < 5 lacs 5-10 lacs 10-15 lacs
 15-20 lacs 20-25 lacs >1 Crore

Shop/Office Address: _____

State: _____ Pin Code: _____ E-mail: _____

Phone (STD Code) + No.: _____ Fax: _____

URL: _____

" I/We acknowledge that I/We have received a copy of the rules and have read, understood and accepted the same. I/we hereby agree, undertake and confirm that I/we am/are bound by the rules and any changes or modifications thereto made from time to time."

Signature : _____

Name : _____

Date : _____

FOR OFFICE USE ONLY (Gi Technology Pvt LTD.)

Retailer Username _____

Channel Partner Sales

Channel Partner Repay

Mobile Short Code: _____

Master Distributor: _____

Percentage of Commission: _____

Remarks: