

## TeleCMI Technologies Pvt Ltd

# **CHANNEL PARTNER REGISTRATION FORM**

Company / Individual :	PHOTOGRAPH
DOB:/ AGE :	
Company/Business Name :	
Address :	
City:Pin code:	
Mobile Number: Email Id:	
No. of years doing business :	
Whether already engaged as reseller in any other business : YES / NO	
If yes, Name of the company :	
No. of clients expected per month :	
Total business value expected per month:	
Bank account details:	
Bank Name :	
Account Number :	
IFSC Code :	
Branch Name :	
I Agree to enroll myself/business as channel partner in TeleCMI by accepting a terms and conditions	ll the
Sign	nature



### TeleCMI Technologies Pvt Ltd

### **Terms and Conditions**

- Partner benefit of 20% will be applicable only for service delivered, before 15th of every month.
- If the service is delivered after 15<sup>th</sup>, your benefit will be 15% from your total business amount.
- To be an active partner in TeleCMI you should activate minimum one service with in the duration of three months.
- Yearly renewal benefits will be only applicable for active TeleCMI partner.
- All client payment should be made in cheque or NEFT in favor of TeleCMI Technologies private limited.

#### **Declaration**

I / We confirm having received, read and understood the Product Terms & Conditions (provided overleaf) and the General Terms & Conditions. I / We further confirm that the tariff plan selected and applicable rates form part of this Agreement (as defined herein) and I / We agree to abide by the Applicable Law in force and also any statutory amendments, or new legislations as may be enacted from time to time, in so far as they realte to the services. I / We hereby declare and confirm that the above information provided by us is true and correct in all respects and I / We hereby undertake to be bound by the same.

Authorized Signatory's Nan	ne :	
Designation	:	
Date	:	
		Signature of the channel partner
Account Manager Name	:	
Channel Partner code	:	
		Signature of the account manager