

TeleCMI Technologies Pvt Ltd

CHANNEL PARTNER REGISTRATION FORM

Full Name	:		
Company / Individual	:		PHOTOGRAPH
DOB:/AGE	:		
Company/Business Name			
Address			
City:State:	Pin code:		
Mobile Number:	_ Email ld:		_
No. of years doing business Whether already engaged as reseller in any other business If yes, Name of the company	YES / NO		
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 terms and conditions	channel partner in TeleCMI by accepting	; all th	ne
	Si	gnatu	ıre



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 15th, 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.

tele CM

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 Na	me :	
Designation		
Date	:	
Account Manager Name	:	Signature of the channel partner
Channel Partner code	÷	
		Signature of the account manager