



Authorized Channel Partner Application Form

Location / Area Applied for:

We appreciate your interest to be part of the Forbes Technosys Authorized Channel Partner family and wish you all the best for a rewarding business career ahead.

Instructions for filling the application form

The Application should be typed / filled completely with a ball point pen and duly signed by the applicant with company seal.

Documents Required:

Proprietary Concern:

1. Certificate of Registration with Shops and Establishment Act
2. GST Registration Certificate
3. PAN card copy
4. Address proof of the proposed place of Business
5. Bank Statement of the main operating account for the last 6 months
6. Signature Verification of the person issuing cheques/payments on behalf of the company

Partnership Firm:

1. Registered Partnership Deed and Certificate of Registration
2. GST Registration Certificate
3. PAN card copy in the name of the firm
4. Address proof of the proposed place of Business
5. Bank Statement of the main operating account for the last 6 months
6. Signature Verification of the person issuing cheques/payments on behalf of the company

Public & Private Limited Company:

1. Memorandum and Articles of Association with Certificate of commencement of Business (for Public Ltd. Company)
2. GST Registration Certificate
3. PAN card copy in the name of the Company
4. Address proof of the proposed place of Business
5. Bank Statement of the main operating account for the last 6 months
6. Signature Verification of the person issuing cheques/payments on behalf of the company

Please attach the photographs covering the frontage of the proposed place of business for Forbes Technosys Limited.

Name of the organization: _____

Address of the proposed place of business / Communication Address: _____

Phone: _____ Fax: _____

E-mail Id: _____

Registered Office Address: _____

Phone: _____ Fax: _____

E-mail Id: _____

Premises: Owned / rented / leased Floor Area: _____ sq. ft.

No. of Branch offices: _____ Locations: _____

Details of Person managing the day to day operations:

Name: _____ Designation: _____

Type of Organization (Please Tick):

Proprietorship Partnership Private Ltd. Public Ltd.

Name of the Proprietor / Partners / Directors:

Name	Designation	Address	Contact Number

GST Number: _____

Income Tax PAN: _____

Name and address of Bankers with working capital limit

Name of the Bank	Branch Address	Credit Limit (Rs. Lacs)

Business Profile

How many years have you been in the current business: _____

Total revenue (turnover) of your business for last three Financial Years:

Financial Year	Turn Over (Rs. Lacs)	Has your business been profitable? Yes/No

List the existing business relationships with other companies and products you deal in (Include the company and the type of relationship (for example Distributor, System Integrator, VAR, Consultant, Reseller, Dealer, Retailer, Service Partner etc.) :

Company Name	Type of Relationship	Products or Services dealing in	Turnover with each Co. (Rs. In Lacs)

What market segments do you focus on? (State the % of Business)

Market Segment	% contribution to your turnover	Market Segment	% contribution to your turnover
Govt / Bank		Home	
Large corporate		Other (pls. Specify)	
SME		Total	100%

What is your turnover objective for the current calendar year: Rs. _____ Lakhs

Please list the key initiatives you have taken in last six months to increase your current business.

If you are offered Forbes Technosys Ltd. Authorised Channel Partner, please list what resources you will deploy:

Resource	Value / No. of Resource	Exclusive /Shared
Manpower		
Working Capital (Lakhs)		
Monthly Marketing Spend		
Office space		

What is your realistic turnover & gross margin expectation from this business?

Years	Turnover Expectation (Rs.)	Gross Margin Expectation (%)
Year 1		
Year 2		
Year 3		

What are your expectations from Forbes Technosys Ltd.?

Signature of the Proprietor / Partner / Director

(With company seal)

Name & Designation: _____

Date: _____

**Recommendations of the Channel Manager / Regional Sales Manager (Mention
Sales Only Partner / Service Only Partner / Both Sales and Service)**

Signature of FTL Channel Manager

Signature of Regional Sales Manager

Name: _____

Name: _____

Date: _____

Date: _____

Signature of Head - Channels

Name: _____

Date: _____

Agreed Minimum Stock List

Sl. No.	Product	Quantity	Value
Total Value (Rs.)			

Enclosed Cheque No. Dated..... for an amount Rs. drawn ontowards the purchase of initial stock.

Signature of the Proprietor / Partner / Director
(With company seal)

Name & Designation: _____

Date: _____

Signature of FTL Manager

Name: _____

Date: _____