

Affix latest passport size photograph of Authorised Signatory & sign across photograph



Business Partner Empanelment Form (Part-A)

1. Business Partner Name: [Grid]

2. Constitution:

Individual Proprietorship Firm Partnership Firm Private Ltd. Company

Other (please mention) [Grid]

3. Permanent Account Number: [Grid] (PAN should be linked with AADHAAR number mandatorily.)

4. Are you registered for GST: Yes No

(If Yes, then please fill Part 'B' of this form mandatorily)

5. Date of Registration/Incorporation: DD [Grid] MM [Grid] YY [Grid]

6. To be empanelled as: DMA Connector

7. Profile: [Grid]

Advocate Architect Chartered Accountant Corporate Connector/DMA
 Document Writer Developer/Developer Staff DMA Financial Consultant
 Online Lead Aggregator Property Broker Tax Professional
 Existing Connector/DMA of other banks Other (Please mention) _____

8. Sourcing Location: (Please mention only if operating in 1 location) [Grid]

9. Outreach Location Sourcing: Yes No If Yes, then please mention location _____

10. Multi Location Sourcing: Yes No If Yes, then please mention locations _____

11. Authorised Signatory Details:

Name: [Grid] Mobile no.: [Grid]

E-mail ID: [Grid] Date of Birth: [Grid]

Father's/Husband's Name: [Grid] Age: [Grid]

Occupation: _____ Qualification: _____

Languages Known: _____

12. Name of person who will co-ordinate with PNB Housing: [Grid]

Contact Person Designation: [Grid] Contact no.: [Grid]

Location: [Grid] E-mail ID: [Grid]

13. Details of all Director(s) and Partner(s) in case of Pvt. Ltd. and Partnership firm

S. No.	Name of Director(s)/Partner(s)	Contact Number(s)	Email ID(s)
1			
2			
3			
4			
5			

14. Office Address: [Grid]

City: [Grid] State: [Grid] Country: [Grid]

Pin Code: [Grid] Landline No.: [Grid]

15. Residence Address of Individual/Proprietor/Partner 1/Director 1:

[Grid]

City: [Grid] State: [Grid] Pin Code: [Grid]

Landline No.: [Grid]

16. Bank Details: (please mention bank details for payment purposes)

Name of the Bank:

Branch & Address:

Account Type: Account Number:

IFSC: MICR code:

Name of Account Holder:

Preferred payment mode (NEFT/RTGS/Cheque):

17. Any other Financial Institutes associated with:

18. Number of years of experience: 19. Number of Employees:

20. Are you eligible for ESI registration? (Yes/No):

21. If yes, Please mention ESI registration number:

22. Trade References:

S. No.	Name of the Reference	Occupation	Address	Contact No.

Declaration

- a) I submit herewith my application for the empanelment as Direct Selling Agent (DSA)/Direct Marketing Agent (DMA)/Connector for (Name of HFC). I have read the terms and conditions of the agreement relating to the service and I undertake that those are acceptable to me.
- b) I declare that the statements in this application and the documents submitted are true, complete and correct to the best of my knowledge and belief. I declare, that no criminal proceedings are pending against me. I further declare that I am not related to any existing employee of I understand that in the event of any information/document being found untrue/incorrect at any stage, my application is liable to be rejected and if already empanelled, the empanelment is liable to be terminated.
- c) I/We permit PNB Housing Finance to share my data with respect to address, contact number, e-mail id with its empanelment agencies / vendors to contact on behalf of PNB Housing for any activity relating to promotional and marketing campaigns or other partner engagement programs.

Business Partner Name: Signature: _____ Date: _____

Place: _____

For Office Use only

To be empanelled as: DMA Connector

Business Partner Sourcing Branch Mapping

Single Branch/ Outreach: (Please mention branch/ outreach)

Multicity: (Please mention mapped branches)

Pan India

Recommended by Area Sales Manager: Signature: _____

Recommendation Remarks: _____

Recommended by Branch Business Head: Signature: _____

Recommendation Remarks: _____

Recommended by Zonal Business Head: Signature: _____

Recommendation Remarks: _____

(In case approved on mail, please attach scan copy of the mail)

(Required for Connector Mapping only)

RO/DST	Team Leader
Name: _____	_____
Employee Code: _____	_____
Signature: _____	_____

(Required for DMA Mapping only)

Channel Manager

Name: _____

Employee Code: _____

Signature: _____

