



**CHANNEL PARTNER'S**  
**INQUIRY FORM**

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

REGISTERED ADDRESS: \_\_\_\_\_

YEAR OF ESTABLISHMENT: \_\_\_\_\_

COMPANY TYPE: \_\_\_\_\_ (PROPERTIERSHIP/PARTNERSHIP/PRIVATE LTD. /OTHER)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PIN: \_\_\_\_\_

TIN NO/ CST NO: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Existing product and services ranges: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

\*\*\* All the details given here are just for communication purpose. Dealership/ Distributorship acceptance subject to verification by the company.