

Distributor Enrolment Form

Distributor herein after agreed with terms & conditions of iServeU Technology Pvt Ltd

<i>(For Bank Use only)</i>	Service Request No	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Business Model:	<input type="checkbox"/> Wallet Based	<input type="checkbox"/> API Partner			

PLEASE USE BLOCK LETTERS AND ATTACH SELF-ATTESTED DOCUMENT PROOFS AS PER REQUIREMENT. TICK & SIGN AS APPLICABLE AND STRIKE OUT THE IRRELEVANT PORTIONS

DISTRIBUTOR DETAILS

Applicant Name

Proprietor Name

Address

Building/Street

City State

PIN/ZIP Code Country

Landmark

Aadhaar No Pan Card No

Mobile Number:
ISD STD Code

Email Address:

User Status: Live Blocked

ID Proof: Company ID PAN Card AADHAR Card *(Tick only which documents you are providing)*

Signatures *(To be signed by Distributor)*

Authorised Signatory
Distributor

Customer Service:	
Website: www.iserveu.in	Email: info@iserveu.in support@iserveu.in