

## **GROWVIA ECOM MARKETING PRIVATE LIMITED**

No. 692/a, Kadavu Road, Binanipuram P O, Kochi 683502 MOB: 9447486847

CIN U62012KL2025PTC95887

INDEPENDENT B	USINESS DISTRIBUTOR API	LICATION FORM	РНОТ
ID NUMBER			
All columns should Name:	d be filled in CAPITAL LETTE	RS only	
Gender: Ma	ale Female	Date of Birth	
Father's/Husband	l's Name :		
AADHAR NUMBER	₹	PAN	
ADDRESS			<b>-</b>
CITY	STATE		_
PIN	E-MAIL	MOBILE NUMBER	
NOMINEE NAME	RELA	TIONSHIP	
BANK ACCOUNT I		IFSC	
NAME OF THE BA	NK	BRANCH	
SPONSOR NAME_		SPONSOR ID	-
I hereby confirm that read, understood an of the company.	at the information given are tood agreed the rules, regulation	rue and best of my knowledge. Ins, business plan and other policie	ès .
Place: Date:		Signature: Name:	

FOR OFFICE USE ONLY:				
Payment Mode: Cash /Cheque/Credit card/ Online				
Amount:Date:				