



Membership/Associate Application Form

A. FOR OFFICE USE ONLY							
Date of Application							
Membership Code							
Customer ID							
Product Name							
Product Code Product Code							
Branch Name							
Branch Code							
Entity							
B. APPLICANTS DETAILS (*Denotes Mandatory Fields)							
B. APPLICANTS DETAILS (*Denotes Mandatory Fields)							
Father/Spouse Name Gender* Male Female							
Date of Birth*							
Authorised Signatory Designation (In case company)							
Occupation* Government Emp Multinational Public Ltd Private Service Self Employed Professional Businessman House wife Student Retired Others							
Education* Professional Degree Post Graduate Graduate SSC Below SSC							
Experience* No. of Years Industry Type Others (Please specify)							
C. CONTACT DETAILS							
C. CONTACT DETAILS COMMUNICATION ADDRESS* (Please attach the address proof)							
COMMUNICATION ADDRESS* (Please attach the address proof)							
COMMUNICATION ADDRESS* (Please attach the address proof)							
COMMUNICATION ADDRESS* (Please attach the address proof) CITY STATE PIN / ZIP / PO BOX NO. (STD Code) (Telephone Number)							
COMMUNICATION ADDRESS* (Please attach the address proof) CITY STATE PIN / ZIP / PO BOX NO. (STD Code) (Telephone Number) Phone Number* Mobile No.* Mobile No.*							
COMMUNICATION ADDRESS* (Please attach the address proof) CITY STATE PIN / ZIP / PO BOX NO. (STD Code) (Telephone Number) Phone Number* 0							
COMMUNICATION ADDRESS* (Please attach the address proof) CITY STATE PIN / ZIP / PO BOX NO. (STD Code) (Telephone Number) Phone Number* O Mobile No.* Mobile No.*							
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COMMUNICATION ADDRESS* (Please attach the address proof) CITY STATE PIN / ZIP / PO BOX NO. (STD Code) Phone Number* O E-Mail ID.* Address Proof* Voters ID Driving Licence Passport Bank Passport Ration Card Utility Bills If other please specify Address Proof*							
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COMMUNICATION ADDRESS* (Please attach the address proof) CITY STATE PIN / ZIP / PO BOX NO. (STD Code) (Telephone Number) Phone Number* O D Mobile No.* Address Proof* Voters ID Driving Licence Passport Bank Passport Ration Card Utility Bills If other please specify PERMANENT ADDRESS (*If different from communication address.) Same as above							

D. Office Address												
Company Name Address												
PIN / ZIP / PO BOX NO. City												
State			Country [La	andline No.					
E. FAMILY DETAILS:												
Sr.	Na	ame	Gend		Re	elationship		Weight*	Occupation Industry Type	n/ Gross		alification
No. (Fist*, Middle, Last*)			(DD/MM/YYYY)		h Applicant	(Cms)	(Cms) (Kgs)		pe/ Annua bb* Income			
F. N	OMINATION											
Name	e of Nominee											
Addre	ess of [
Nomir	nee L											
	dian's Name											
	(In case of minor) Relationship of nominee with applicant Relationship of nominee with applicant											
Signature of Nominee (Optional) Date of Birth												
G. E	G. EXISTING LOAN DETAILS: Sr. Type of Loan											
1	Type of Loa	dii Dai	IK/FIIIaIICiai	Institution	Loai	n Amount	Loan	enure N	lo. of EMI Pa	id EMI		IVII Date
2												
3 4												
5												
шп	NVESTMENT	DETAIL C.										
Sr.		of Investment		Amou	nt	Ten	ure	Maturity D	ate Ma	aturity Amount	Date of	Investment
1	Type of investment			Amount		Tondio		matarity bato		Trace ity / triodite		
2												
3 4												
5												
I. PREVIOUS/CURRENT INSURANCE DETAILS:												
Please fill the following details with respect to insurance policies(s) current or held with the company or any other insurance company (Individual or Group)												
Sr.	Type of Policy	Insurance	Company	Policy Holde	r Pol	icy Number	Premium Amount	Due Date	Premium Mode	From Date	To Date	Sum Insured
1												
2												
3 4												
5												

J. ADDITIONAL INFORM	MATION:	☐ Financial	☐ Properties	☐ Healthcare	e ☐ Educational	☐ Hospitality	☐ Other	
Sr. Name of Service &	Products							
1								
2								
3								
4								
5								
K. (MANDATORY DET	AILS TO F	RECEIVE PA	YOUT/FEE, IF	ANY, PAYME	ENT THROUGH R	BI'S NEFT SYS	TEM)	
Account No.								
As appearing in your latest ch	eque book/p	ass book/bank	account statement)				
Account Holder Name as ir	Bank Acco	ount						
Account Type [please tick (√)1 □ S/	AVINGS [J∟□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□			JLJLJL ☐ FNCR	—I∟—I∟— │Others	
Name of the Bank								
Branch				Bran	ch City			
MICR Code				IFSC Cod	e*			
Please enclose a copy of your ch	eque leaf or ca	ncelled must be a	accurate to assure pro	ompt payment.		e appearing on your chequivour cheque leaf, please for		
						, , , , , , , , , , , , , , , , , , , ,	,,	
L. PAYMENT DETAILS	Cheg	ue Draft [Cash NEF	T DRTGS	PAN No CIT			
	oned				AN INU.			
Cash Receipt No./UTR No.	Cheque /Di	aft No.						
Amount ₹/\$/AED		Tick if	f additional amoเ	unt INR/USD/	AED/EUR			
Bank Name Branch								
Name of Payer								
M. PAYMENT DETAIL INSTRUCTIONS: It is important for these electronic payment systems that the applicant holders name in the application form must exactly match with the name in the bank account records/details given above. • In case where beneficiaries bank account number and name is printed on check, bank attestation is not required. For all other cases bank attested NEFT mandate is required. • The customer who is willing to transferred the funds will be required to provide the 11 digit valid IFS code, which is applicable for NEFT only (a number) allotted to each participating branch) of the branch where the funds need to the transferred. • Cancelled cheque should be attached along with the NEFT format. • In case cancelled blank cheque does not bear account holders name, please provide photo copy of bank statement/passbook with latest entries updated or else bank attestation is required. • NEFT form need to be complete in all respect.								
Place Place		Dat						
riace		Dat				Signature of the I	Payer/Applicant(s)	
N. D. FACE TICK YOU	D ADEA (NE INTEREC	T					
N. PLEASE TICK YOU								
Financial Se	ervice	∐ Real	Estate Service	Tec	hnology Service	Healthcar	e Service	
Educational	Service	Outs	ourcing Service	☐ Mar	nagement Service	☐ Hospitalit	y Service	
Marketing S	Services	Agric	culture Services	Tele	com Services	Travailing	Services	
O. REFERENCES (NAME AND ADDRESSES OF TWO REFERENCES WHO ARE NOT RELATED TO YOU)								
111111111111111111111111111111111111111	1, Name :				2, Name :		-1	
TDS India Group may	Add.:				Add.: Landmark:			
make such enquiries from the references,	Pin :		State:		Pin:	State:		
if it is deems necessary.	Tel.					Tel. Mob.		
E-mail I D								
	CKACEC							
P. MANAGEMENT PAG	KAGES:							
Personal Management		Corporate Mana	igement Pr	oduct Packages	s: Silver Go	ld Diamo	ond Platinum	
Tenure: 1 Year 2	Year 3	Year 5 Yea	ır Me	ode of Payment:	: Yearly Ha	If Yearly Quarte	erly Monthly	

R. INTRODUCTION DETAILS Name	
Buisness Code	Place Signature Signature
Maker Details	Checker Details
Name :	Name :
Signature:	Signature:

R. TERMS AND CONDITIONS

- 1. The Member is hereby appointed for effecting the marketing and sale of TFG products & services as may be introduced by the TFG.
- 2. The Members shall be entitled to receive a overriding commission and activisation fee for promoting and popularization of the TFG products & services and for recruiting & monitoring Members.
- 3. The Members shall be required to mobilize customers for the various services launched by TFG.
- 4. The Members shall be eligible for renewal of Members agreement at the end of each business year subject to satisfactory fulfillment of other operative conditions determined by TEG
- 5. In case of discontinuation fo service/retuning of product by the customer within the free lock-inperiod, no commission shall be payable by the TFG to the Members and commission already paid at the time of commissioning of the service, shall be deducted from the account in the next account settlement or will have to be reimbursed by The Members to TFG.
- 6. The Members is not authorized to collect any type of cash charges/cheques/demand drafts in his name from the customers.
- 7. The identification of Members & Customer brought by The Members shall be carried out by The Members code which shall be written on the acknowledgment of the particular service/product supplied by TFG.
- 8. In order to facilitate marketing activities of The Members, TFG will provide technical support in the form of specifications and other technical literature of the various services.
- 9. The enrolment of The Members shall be without prejudice to the right of TFG to market these services from its existing or future outlets. Nothing in this document shall prevent TFG to work out and introduce any other type of marketing arrangement that it may decide to introduce in future.
- 10. TFG shall reserve the right to cancel The Members at any time without assigning any reason.
- 11. The proposed commission / fee payable to The Members can be reviewed by the TFG if there is a reduction or increase in tariff for these services / products.
- 12. The Members shall obtain from the customers documents in writing as may from time to time be prescribed by the TFG or any Principal Company in regard to provision of such services/products
- 13. On termination of this Appointment howsoever occasioned, the Members shall forthwith deliver to TFG all papers including the registration forms used, partially used and unused Receipt Books and document which may have come to his possession or custody under the terms of this Appointment.
- 14. Members agree to indemnify and hold the TDS India Group and its respective officers, agents & assigns harmless from and against any and all liability, damages, losses, claims, costs & expenses (including lawyer's fee and expenses) and any other loss that occur arising from or relating to breach of any of Members's obligations undertaken hereunder and negligent act or omission, willful misconduct or misrepresent on Members's part. This clause shall survive the termination of this agreement.
- 15. The TFG shall have the right to refuse to subscribe or accept application for sale recommended by The Members and The Members shall not be entitled to any commission or service charges in respect of any such refused application for sale or part thereof.
- 16. It is clearly understood by The Members that this is purely a business schema and under no circumstance it entitled him/her for seeking employment/lien with the TFG.
- 17. The TFG reserves the right to change the terms of appointment from time to time.
- 18. The TFG reserves the right to withhold or delay the commission / fee for The Members in case of any pending dispute in matters relating to activations or cancellations of services/products.
- $19. \ \ The TFG's \ decision \ will \ be \ final \ on \ all \ matters \ relating \ to \ the \ business \ and \ will \ be \ binding \ on \ The \ Members.$
- 20. All taxes present & future additional, taxes/levies/duties etc that may be levied by the govt./local authorities etc. will be on The Members account.
- 21. The Members shall comply with all applicable laws, bye laws, regulations, orders, directions, notifications etc of the Govt./Courts/Tribunals and shall also comply with all directions issued by TFG and provide TFG with all information and cooperation that may reasonably be required from time to time.
- 22. The Members shall inform TFG any change in his/her communication address or other contact details immediately in writing.
- $23. \ \ The \ Members \ shall \ maintain \ strict \ confidentially \ of the information \ received \ from \ any \ customer/or \ TFG \ in \ due \ course \ of \ business.$
- 24. The Members shall not induce/persuade any customer to omit any material information or give incorrect information in the proposal form.
- 25. The Members shall not force, persuade or induce a customer to terminate any existing proposal pending with TFG to effect and new proposal from him.
- $26. \ \ \, \text{The Members shall not force, persuade or induce a existing TFG Business Associate to terminate any existing agency with TFG to effect a new agency under him.} \\$
- 27. The Members shall not offer rates, benefits, terms and conditions other than those offered by TFG for the said services/products.
- 28. Business Associate agreement renew every year with 30 days grace period.
- $29. \ \, \text{Business Associate agreement not valid after grace period and not transferable.}$
- 30. Membership is free. Member or Business Associate should be 18 years and above.

S. APPLICANT SIGNATURE						
I/we hereby declare that the particulars given above are correct to the best of my knowledge. I am fully ware that in care any information provided is found false or erroneous, it will result in cancellation of my application. I have read the terms and conditions carefully and agree to abide by all the rules and policies of the company.						
Place Place						
Date Date	*Signature of Applicant					