

# TAMILNADU SLD VTS STICKER DEALERS ASSOCIATION

## MEMBERSHIP APPLICATION FORM

Dealers and sub-dealers

### FOR OFFICE USE

Application no. \_\_\_\_\_

Date received \_\_\_\_\_

Complete every field marked \*, in capital letters or on screen. Sign the declaration and return the form to the association office.

### A APPLYING AS

Applying as \* (choose Dealer or Sub-dealer)



Sub-dealers only: name of your dealer

### 1 BUSINESS DETAILS

Business name \*

Trade name

Business type \* (e.g. Proprietorship)

GSTIN (optional)

Contact person \*

Designation

Email address \*

Mobile number \* (10 digits)

Business address \*

State \*

District \*

City / town \*

PIN code \* (6 digits)

### 2 PERSONAL AND RTO DETAILS

Father's / husband's name \*

Date of birth \* (dd/mm/yyyy)

Gender \* (Male / Female / Other)

Blood group \* (e.g. O+)

Home address \*

Alternate mobile (optional)

RTO zone \*

RTO office and code \*

### 3 DECLARATION

I declare that the details given above are true and complete. I agree to the association's terms and conditions and understand that supporting documents must be uploaded after my application has been entered, before it can be reviewed.

Signature of applicant \_\_\_\_\_

\_\_\_\_\_ Date

Entered by \_\_\_\_\_ date \_\_\_\_\_ verified by \_\_\_\_\_