

**Annexure I**

**Channel Partner Empanelment Form CPEF — Location (To be filled by Channel partner)**

Agency	
Office Address	
Telephone No.	

The Agency                      Proprietary Concern                      Partnership Firm                      Pvt. Ltd Company

Number of offices in the City \_\_\_\_\_ Number of offices in India \_\_\_\_\_

Number of years in Business \_\_\_\_\_ Number of employees \_\_\_\_\_

Last Six months Business (Rs.lakhs) \_\_\_\_\_

**B. Profile of Promoters**

Names and qualification of the Promoters

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Other Business interest of the Promoters

- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

**C. Previous Business History**

Name of associate	Nos. of years / months	Reason for discontinuing

**References — Industry / market reference**

Name & telephone number of contact person: \_\_\_\_\_

Name of the associate: \_\_\_\_\_

Name & telephone number of contact person: \_\_\_\_\_

Name of the associate: \_\_\_\_\_