

EKO Super CSP / Distributor APPLICATION FORM

Filled(By Self) Filled by Eko representative (Please tick whatever applicable)

Name of Applicant

Name of Business Establishment

Contact Details

Name of Contact

Mobile Ph No

Interested areas for distribution

Email ID (If available)

Address

Personal Details

Age

18-25 Yrs 25-35 Yrs 35-45 Yrs 45-55 Yrs >55 Yrs

Educational Qualifications

Post Graduate Graduate/Diploma Intermediate High School others

Years of Experience

0-2 yrs 2-5 yrs 5-10 yrs more than 10 yrs

Business Details

Type of enterprise

Proprietorship Partnership Private Ltd. Others

Age of enterprise

0-2 yrs 2-5 yrs 5-10 yrs more than 10 yrs

Products handled

FMCG Consumer Durables Pharmaceuticals Stationery Telecom Others Please Specify

No. of people in management

1 2-3 4-5 more than 5

No. of employees

0-2 2-5 5-10 More than 10

Do you have some experience in dealing with similar products(Online payments,

Prepaid cards etc) ?

Yes No Please Specify

Reach

No. of retailers

0-25 25-50 50-100 100-200 more than 200

Area/Geography covered

1-10 Kms 10-25 Kms 25-50 Kms more than 50 Kms

Business Financials

Turnover from present business

0-5 lacs 5-10 lacs 10-25 lacs 25-50 lacs more than 50 lacs

Monthly Income

0-25,000 25000-50000 50000-1 lacs More than 1 lacs

Other Information

Documents available for submission

Registration and related documents PAN Card property documents Bank Statement (last six months) Balance Sheet and income statement Others

Name and contact of two business references

Eko business will be managed by ?

Self Partner Employee/Manager

How much are you willing to invest in Eko?

2 - 5Lacs 5 -10 Lacs 10 - 15 Lacs >15 Lacs

How many retailers you can sign up for Eko?

0-10 10-25 25-50 >50

Signature of Applicant with name and date

Form to be sent to Eko by e mail or at following address:

Delhi : amit@eko.co.in

Bihar : anand.verma@eko.co.in

Eko India Financial Services,

547, Mandakini Enclave,

Alaknanda, New Delhi-110019

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