



**SUSKAN CONSULTANTS PVT. LTD.**

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**CHANNEL NETWORK APPLICATION FORM**

Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Country/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone :( H/O): \_\_\_\_\_ Email: \_\_\_\_\_

ARN Number: \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

PAN Number (if Allotted): \_\_\_\_\_

Signature: \_\_\_\_\_

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**FOR OFFICIAL PURPOSES ONLY**

Business Manager: \_\_\_\_\_

Approved By CEO: \_\_\_\_\_

Broker Code: \_\_\_\_\_