

ALKAMEDI INDIA SELFBIZ MART PVT. LTD.

Head Office : 55 , Manwa Kheda, Nakoda Nagar, Hiran Magri, Sector-3 Udaipur, (Raj.) India-313001,
Tel : +1800 123 0024, 7229907073, E-mail : supportselfbiz@alkamediindia.in, www.alkamediindia.in

CORPORATE AUTHORISATION FORM (To be filled and filed in addition to Direct Seller Application)

Please complete this Direct Seller Application (the "Application") in English for free appointment as a Direct Seller for Alkamedi India "Selfbiz Mart Pvt. Ltd." (here in after 'Alkamedi India' or 'Company'.)
Applicants must be 18 years of age or above. All sections are mandatory unless otherwise indicated. Please furnish all required supporting documentation. Acceptance of this direct seller applications is at the sole discretion of Alkamedi India.
Further, Alkamedi India reserves the right to reject the application for any reason and to terminate or revoke any distributorship for reasons not limited to provision of incomplete, inaccurate, false or misleading information.

PRINCIPAL INFORMATION

Type of Entity: Partnership Firm Limited Liability Partnership Private Limited Company Others _____ (Please provide details)

Name of Entity: _____

(Kindly give the name of the legal entity (the "Entity") formed solely to operate your Alkamedi India Business and provide a completed Legal Entity Authorisation Form.)

Name of Authorised Signatory: 1. _____

2. _____

Corporate Identity Number: _____ (in case of company)

Registered Office Address: _____

Contact Details: Ph 1 _____ Ph 2 _____

Email _____

DETAILS OF DIRECTORS & SHARE HOLDERS

Name of Directors:

1 _____

2 _____

3 _____

4 _____

Shareholders Details:

SNo.	Name	% Shareholding
1		
2		
3		
4		

UNDERTAKING

I, the above-named shareholder and/or director of _____ are desirous to take up distributorship of Alkamedi India "Selfbiz Mart Pvt. Ltd." ("the company") and have read the terms and conditions and policy documents of the company and do hereby agreed and undertakes to abide by the same.

Signature of First Authorised signatory of
LLP / Partnership / Company)

Signature of Second Authorised signatory of
LLP/Partnership/ Company)

DD MM YYYY

DATE:

ATTACHMENTS

Please Provide Following Documents with Application:

1. Certificate of Incorporation/Registration.
2. Copy of Memorandum of Association/ Article of Association/ Registered Partnership Deed
3. Certified true copy of Board Resolution passed in favour of Authorised Signatory
4. Form DIR-12 filed with Ministry of Corporate affairs. (for director's details)
5. Form PAS-3 or any other specified form (for details of allotment of shares)