



ASORT CO-COMMERCE HUB (ACH) APPLICATION FORM

<p>Eligibility Criteria:</p> <ul style="list-style-type: none"> a. Tenure in business should be greater than 1 Year. b. Rank should be ACE and Above. c. Should have signed ACE Agreement 	<p>Important Guidelines:</p> <ul style="list-style-type: none"> a. Please enter all relevant details. Do not keep any details vacant/unfilled. b. In case of questions with multiple options, please tick the appropriate answer. c. In case you wish to provide any additional information, please attach a separate sheet. d. Please attach all the supporting documents with the form. e. Please ensure that all the documents attached are correct and valid. f. All information will be kept confidential in our files.
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PRIMARY INFORMATION – Tell us about your Entity

Partnership Firm LLP One Person Private Limited Public Limited Company

Legal Name of your Entity _____

CIN / LLP / OPC Registration No. _____

PAN of the Company _____ GST No. if any _____

Registered Office Address (Complete Postal Address with PIN Code) _____

Landmark _____

City / Town _____

State _____

PIN Code _____

Landline Phone _____

Email _____

Mobile _____

Alternate Email _____

Alternate Mobile _____

Correspondence Address (Other than Registered office address, if any) _____

Landmark _____

City / Town _____

State _____

PIN Code _____

Landline Phone _____

Email _____

Mobile _____

Alternate Email _____

Alternate Mobile _____

PRIMARY INFORMATION – Tell us about yourself

Full Name of Director / Partner / Designated Partner	Full Name of Director / Partner / Designated Partner	Full Name of Director / Partner / Designated Partner
Designation	Designation	Designation
Gender	Gender	Gender
ASID and Rank(as on the date of application)	ASID and Rank(as on the date of application)	ASID and Rank(as on the date of application)
Distributor Since	Distributor Since	Distributor Since
Permanent Account Number(PAN)	Permanent Account Number(PAN)	Permanent Account Number(PAN)
Voter ID / AADHAR* No.	Voter ID / AADHAR* No.	Voter ID / AADHAR* No.
Complete Address with PIN Code	Complete Address with PIN Code	Complete Address with PIN Code
City/State	City/State	City/State
Cont.No.(Mobile/Landline/Alternate)	Cont.No.(Mobile/Landline/Alternate)	Cont.No.(Mobile/Landline/Alternate)
Email ID#	Email ID#	Email ID#
Applicant (Primary / Secondary)	Applicant (Primary / Secondary)	Applicant (Primary / Secondary)
Apart from Asort, what is your other source of Income?	Apart from Asort, what is your other source of Income?	Apart from Asort, what is your other source of Income?
Are you directly or indirectly engaged with other direct selling	Are you directly or indirectly engaged with other direct selling	Are you directly or indirectly engaged with other direct selling
Have been convicted or charged of any civil or criminal offense?	Have been convicted or charged of any civil or criminal offense?	Have been convicted or charged of any civil or criminal offense?

* I / we hereby submit these details voluntarily at my own discretion including the Aadhaar card number/physical e-Aadhaar / masked Aadhaar / offline electronic Aadhaar xml as issued by UIDAI (Aadhaar).

The consent and purpose of collecting Aadhaar has been explained to me / us in local language.

I/we authorise Asort and its authorized rep. to contact me on my contact details (like landline number, mobile number or email id) registered with Asort and I /we will be a subscriber to such marketing list. This consent will override my registry on DND/DNDC, as the case may be.

Signature(1st)	Signature(2nd)	Signature(3rd)

DETAILS OF THE SITE / PROPOSED ACH / REGISTERED OFFICE ADDRESS

Ownership: Owned by Company Owned by one of the Applicants

Rented/Leased Property Type Shopping Complex

Malls or other commercial space Residential

Approved by Municipal Corporation Authorities Yes No

Lease Duration: From To

Carpet Area Seating Capacity

Local Police Station Address _____

Period of Occupancy of the Premises _____

Name of all the activities carried out at the Premises Present and Past) _____

Is Property being used for any other purpose than one mentioned under current business _____

Number and Details of other Training Centre Run by all Applicants _____

Total number of people presently working at the Site _____

DETAILS OF SITE INCHARGE – Tell us about the Point of Contact for the Proposed ACH

Name of the Contact Person_____

Address_____

Landmark_____ City / Town_____

Landline Phone_____ Mobile_____ Alt. Number_____

Email_____ Alternate Email_____

NEARBY OPERATIONAL ACH WITH ADDRESS AND DISTANCE FROM PRESENT SITE

1_____ Distance_____

2_____ Distance_____

3._____ Distance_____

BANK DETAILS OF THE ENTITY

Account Holder_____

Name of the Bank_____

Account No._____ IFSC_____

Branch Address_____

Account holder's name must be the name of the legal entity mentioned above in the form. Please provide a cancelled cheque which should have account holder's name, bank account number and IFSC code of the bank.

ENROLMENT OPTIONS – Kindly select as per your choice

Purchase of Merchandise worth Rs.25,000/- (Non-Refundable) – Validity 6 Months Purchase of Merchandise worth Rs.50,000/- (Non-Refundable) – Validity 11 Months

DECLARATION

I / we do hereby represent that all the above details and information filled in this form are true and complete to the best of my / our knowledge. I / we have signed the ACE agreement with the Company. I am aware that my / our application will treated strictly on first come first serve basis. I recognize that Asort is not in any way obligated to approve my center. I acknowledge that any false statement on the application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with Asort. I also understand and agree that to the fact that the initial merchandise purchased (i.e. Welcome Kit) by way of this application is non-refundable. The merchandise (i.e. Welcome Kit) cannot be returned or refunded at any stage. I understand that my application will go through a systematic process involving different stages such as Interview, Verification and Final Approval Process and I also understand that an enquiry regarding my character, general reputation, personal characteristics, financial background and general fitness to run a center may be made as a result of this application.

I am hereby attaching the following documents alongwith this duly signed form which I/we certify as correct and valid:

List of Directors:	Yes	No	NA	Certificate of Incorporation:	Yes	No	NA
List of Shareholders:	Yes	No	NA	PAN of the Entity:	Yes	No	NA
List of Partners:	Yes	No	NA	Signed copy of ACE Agreement(all)	Yes	No	NA
Rent Agreement of the site	Yes	No	NA	PAN of all Applicants	Yes	No	NA
Photograph and Floor plan of site	Yes	No	NA	V. ID/AADHAR of all Applicant	Yes	No	NA
Utility Bill of the site	Yes	No	NA	Passport size photograph of all applicants	Yes	No	NA
Cancelled Cheque	Yes	No	NA	Shops & Establishment License	Yes	No	NA

Signature	Signature	Signature
Date	Date	Date
Place	Place	Place