



ARL Retail Pvt. Ltd.

A 301 - 302, IIIrd Floor, Aditya Complex,
Plot No. 4, Sector 10 Market
Dwarka, New Delhi - 110 075.
Customer Care No. +91 11 4288 4288.
sales@arlretail.com | www.arlretail.com

Affix your
photograph
here

District Franchise Application

IBO ID No.....

INSTRUCTIONS: Applicant should be of at least 18 years of age at the time of filling this application form.

Applicant Information (Please, write all information in Capital Letters)

IBO Name	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	M/s <input type="checkbox"/>	Date of Joining
First Name	Middle Name	Surname			Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
					<input type="text"/>

Nominee	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	
First Name	Last Name	Relation	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
				<input type="text"/>

Shop/Showroom Address:

City/Town	State	PIN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel. with STD Code	Fax. No.	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email id :

PAN NO. (Please Send a photocopy of your PAN Card, it is mandatory)

Bank Account Number (Enclose Photocopy)	IFSC Code	Bank Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

VAT & CST No. (Enclose Photocopy)

Date:

Place:

APPLICANT SIGNATURE

