



CHOLA WEALTH
Let's Grow Together

POSP ENROLLMENT FORM

POINT OF SALES PERSON (POSP) APPLICATION FORM

APPLICANT DETAILS:

* Name _____

*Father's/Husband's Name: _____

*Nationality: INDIAN _____ *Residential Status: RESIDENT INDIAN _____

*Gender: _____ *Date of Birth: _____

*PAN: ' _____ *Aadhaar No _____

*Occupation: _____ *Marital Status: ' _____

*Anniversary Date: _____ *Education Qualification: _____

CORRESPONDENCE ADDRESS:

*Address: _____

*State: _____ **City: _____ *Pin code: _____ Country: _____

*Mobile: _____ *Email ID: _____

NOMINEE DETAILS:

*Name of Nominee: ' _____

*Relation with Nominee: ' _____

*Address: _____

*State: _____ **City: _____ *Pin code: _____ **Country: _____

*Mobile: _____ *Email +D: _____

*Date of Birth: _____

BANK DETAILS:

*Bank Name: _____ *Branch Name: _____

*Account Holder Name: _____

*Account No: _____ *
Account Type: SAVING *Mode of Payment: NEFT

MICR No: _____ *IFSC code: _____

DECLARATION

I declare that all the above information provided by me in this application and documents submitted by me in support of this form is true and correct to the best of my knowledge and belief. I also agree to inform in writing in case of any change in the above information. I have read and understood and hereby unconditionally agree to abide by the terms of Point of Sales Person Agreement

Name of PoSP:

Signature of PoSP:

Emp Name

Emp Code

Branch Code

Sharing(%)