



SLB INDIA.BIZ LIMITED

BUSSINESS ASSOCIATE FORM

Please Fill in Block Letter

SPONSER ID :- _____

ID NO :- _____

DATE :- _____

PERSONAL INFORMATION

Surname	Name	Father's/Husband's Name
Name :- _____		
Birth-Date :- _____	dd/mm/yyyy	Occupation :- _____
Phone No :- _____		Mobile No. :- _____
Address :- _____ _____ _____		
City :- _____		Pin Code :- _____
District :- _____		State :- _____
Nominee :- _____		Relation :- _____
Email :- _____		PAN No. :- _____

BANK ACCOUNT INFORMATION

Bank Name :- _____	Branch :- _____
Account No. :- _____	Account Type :- Saving Current
IFSC :- _____	

* I have read & understand the Terms & Conditions, Policies and Privacy statements, under the judicial information section of the site and agree to abide by them.

CUSTOMER CARE :- 09898980567

ADDRESS :- 208, 2nd Floor, Sarthak Complex - 1, Nr. Urja House, Swastik Cross Road, C.G.Road, Ahmedabad.