



Dated: _____

Reference No: 1319

Agent Information/ Franchisee Request Form

Personal Particulars

Name of Agent: _____, Name of Business: _____

Business Address: _____

Contact Number: (Mobile) _____ (Office) _____

Email Id: _____

Business Particulars

Nature of Business: _____, Business Registered: Yes _____ or No _____.

If Yes, Please give details: _____

No. of Employees: _____, No. of Counselors: _____, No. of stamped Visa till date: _____,

Country's dealt with: _____

% age of categories worked: Study: _____, Immigration: _____, Tourist/ Visitor: _____, Others: _____.

Business Account Details

Name of Bank: _____, Name of Account Holder: _____

A/C Number: _____, Personal/ Business PAN Card Number: _____

Any Other Relevant Information: _____

*Kindly attach the proofs of Ids and Information that you are providing.

Signature of Agent

Address: 2455-2456, 2nd Floor, Sector 22-C, Chandigarh 160022, Phone: 91-172-4188155

■ Email: info@albertaconsultants.com | ■ Website: www.albertaconsultants.com