

## Registration Form

**Name of the Dealer:**

**Name of the Dealership:**

**Profile of the Firm:**     Proprietorship     Partnership     Private Limited

**Dealer – VAT/CST/TIN No.**

**Name of Sales Exec.**

**Shop Address:**

City     State     Pin

Phone     Mobile

**Email Address:**

**Residential Address:**

City     State     Pin

Phone

**Please tell us about your Family:**

Wife Name:   
First Name
Last Name

Dealer Date of Birth:                      DD      MM      YYYY

Dealer Wife's Date of Birth:                      DD      MM      YYYY

Dealer Date of Marriage Anniversary:                      DD      MM      YYYY

**Dealer Association with the Distributor:**

Less than 1 year     1 yrs. – 2 yrs.     2 yrs. – 5 yrs.     More than 5 yrs.

**What all Products you sell?**

- Inverters / HUPS (upto 1500 VA)
- Batteries / Battery trolley
- Solar products (Inverters, panels, chargers, charge controllers etc & Solar home lighting system)
- Battery chargers & Accessories
- High Capacity Inverters (2.5 KVA & above)
- UPS (On Line & LI)

**Monthly Average Value of Business with Su-Kam Products:**

- Up to Rs. 10,000
- Rs.10, 000 – Rs. 30,000
- Rs. 30,000 – Rs. 50,000
- Rs 50,000 – Rs. 100,000
- Above Rs. 100,000

**Have you ever qualified in the Su-Kam scheme before, if yes, please mark which one:**

- Su-Pariwar
- Su-Uday

**Referring Person Details:**

**Name of Executive:**

**Designation:**

**Location:**

**Mobile No:**

**I hereby declare the information furnished above is filled-in with my due consent and authority.**

Name of the Distributorship:

Signature & Seal of Dealer

\_\_\_\_\_

Date: \_\_\_\_\_

Signature & Seal of Distributor

Date: \_\_\_\_\_

\*\* To fill the same form online visit [www.sukamlife.com](http://www.sukamlife.com) and click on registration form.