



HIND FINANCIAL SERVICES



HIND DIGI SEVA



HIND DIGI SEVA

Franchise Application Form

HIND Financial Services
HIND Techno Services

NEW WAY FOR YOUR LIFE

Want to know who we are? We are **HINDFS**, a business unit of **HIND GROUP**. Founded in 2010 and headquartered in Mumbai, & City Office Kolkata is a Technology and Financial Services Company. And our focus is to create an innovative channel that can deliver more for less to the Indian consumer. The e-services Plan of the Indian to lay the foundation and provide the impetus for the long-term growth of e-services within the country. Set up the core infrastructure and policies and also implement a number of Mission Mode Projects at the center, state and integrated service levels to create a citizen-centric and business-centric environment for e-services.

We always ensure guaranteed financial support to our members through our modern and unique Online Portal system. Apart from financial support we are here to introduce a new and different way to increase the savings of human beings through our Franchise and associate partners.

www.hindfs.com

www.digiseva.online

www.hind4u.com



support@hindfs.in



033-68888609
8981 043 988



HIND FINANCIAL SERVICES

Check List of Documents to be submitted for Franchisee

Individual

1. A passport size photograph
2. Proof of Bank account
3. Photocopy of PAN card
4. Office Address Prof.
5. Photocopies of any one document under item

Passport / Election ID card / Driving License / Bank Passbook / Ration Card / IT return / Electricity Bills / Telephone Bills

Partnership Firm

1. Certified True copy of partnership deed
2. Certified True Copy of Passport / election ID or Driving License of partners or Authorized official
3. Passport size photographs of partners
4. Declaration on the letterhead of the firm as per format attached.
5. Copy of the last Income Tax return filed
6. Signature verification of all partners
7. Office Address Prof.

Corporate / Trust / Co-Operative Society / NGO

1. Certified copy of Registration / Certificate of Incorporation and Memorandum and Articles of Association
2. Certified true copy of Annual Reports for the last year
3. Certified true copy of a resolution passed by the Boards of Director authorizing any person to deal on behalf of the Co./ Trust etc
4. A passport size photograph of the Director / Authorized official
5. Share holding pattern of the Company duly certified
6. List of Directors along with copy of I-32
7. Office Address Prof.

***Please complete this application form in CAPITAL LETTERS, using black ink. Applicants Must complete Pages 4,6,10.**

Text in BOLD indicates fields that are mandatory on the Form – failure to complete the relevant information will result in the form being returned unprocessed.

To.

HINDTS

Tirupati Plaza Complex, Gali Number – 01,
1st Floor, Shakarpur, New Delhi- 110092

Controlling Office: VIP Road Kaikhali, HDFC ATM Building, Ground Floor,
VIP Kaikhali, Airport, Kolkata- 700052

Dear Sir,

With reference to appointment of Mr. / M/s _____ as a Franchisee of HINDFS I/We wish to inform you that I / any of the partners / Directors have not been convicted of any criminal offence involving any moral turpitude and neither is any legal proceedings pending in any court of Law.

I / We also wish to inform you that I / We are not associated with any Organization in relation to Online Services. Or I/We also wish to inform you that I / We are registered / affiliated / associated with _____ as _____ in connection with Online Service and undertake to discontinue such registration / affiliation / association with in a period of 1 months from date.

Our Firm shall not directly or indirectly operate and function as a chain marketing company / multi-level marketing company.

I / We also hereby undertake that I / We shall deal directly with the Customers and not through any other person.

Signed

FRANCHISEE (BUSINESS) DETAIL FORM

Dear Sir,

I / We request you to register me / us as your franchisee. I/We have read the Rules, Regulations of the Co. and furnishing the following information:

Firm (Business) Name	
Date of Incorporation	
Name of The Proprietor / Partner	

Office Address for Communication			
City		Dist.:	
State		Pin code :	
Company Phone		Company Mobile :	
FAX with STD Code		Company E-mail :	
Company Website			

Any two of the following is mandatory

1. Firm Registration Number		Place of Issue	
Date of Issue		Date of Expiry	
2. PAN Number		Place of Issue	
Date of Issue		Date of Expiry	
3. Any Other Number		Place of Issue	
Date of Issue			
4. Tan Number			

For Corporate

Registration Number		Place of Registration	
Date of Registration			

Bank Account Particulars

Name of the Bank			
Branch Address with Tel. Numbers			
Account Type			
Account Number		IFSC Number	

I/We hereby declare that all the information and particulars given by me/us in this application are true to the best of my/our knowledge and belief. I/We agree to immediately inform you if there is any change in any of the information given in this application or in the Annexure to this application. I/We also declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, I/We am/are liable to be debarred from doing business in the cash and derivative segments. I / We also agree to furnish such further information as you or the Exchange may require from me / us from time to time and I / We agree that if I /We fail to give such information, you shall have the right to cancel my/our registration and you or the Exchange shall have the right to debar me/us from doing business in the Cash / Derivatives Segments of the Stock Exchange.

Signed By :

Name	
Signature	
Date	

**INFORMATION OF SOLE PROPRIETOR / PARTNER /
KEY MANAGERIAL PERSONNEL**

Please affix
Current
photograph

Name of Person	
Name for Father / Spouse	
Designation	D.O.B. / /
Residential Address	
	Pin Code
Phone (With STD Code)	Mobile
Fax	E-mail
Educational Qualification	
Experience	
Equity Stake	
Bank Details	
Name of the Bank	
Branch Address	
Account Number	IFSC Number
Account type	Date of Account Opening
Copy of any two of the following proof of identity should be submitted :	
Passport Number	
Voter ID Card Number	
PAN Number	
Driving License Number	
Aadhaar Card Number	

Name	
Signature	
Date	

Schedule A Scope of Work / Services

1. Service Provider shall provide following services:

- Accumulation of Customer through Distribution of Financial/ Educational/Recharge/Booking/Payment Product within the criteria mentioned in the enrolment form .
- Building of awareness to its prospective customers and set up training and camps for customers as well as field staff.
- Computer with relevant applications to execute the daily responsibilities to achieve business objective.
- Counselor and coordinator to coordinate with customer/ prospective customers.
- NDNC registration of telephone lines through which our business will be executed.
- Daily reporting MIS to be sent across and we shall confirm the status of the cases from verification, log-in, and issuance of Ids.
- All Cheque Dishonor or any aspect of persistency needs to be catered and closed/replaced.
- Would provide facility to conduct business from branch locations as per mutual discussion.
- All communication/discussion in terms of official discussion, planning and implementation would happen with our Kolkata office in West Bengal. We would consider your head office in

as our single point of contact.

SAMPLE REFERNECE LETTER FROM THE BANKER

DATE:

TO,

HINDTS

VIP Road Kaikhali, HDFC ATM Building, Ground Floor,
VIP Kaikhali, Airport, Kolkata- 700052

Dear Sir,

Sub : Saving / Current Account No. _____ in the name of Mr./Ms./ M/s

This is to inform you that Mr./Ms./ M/s _____ has saving / current account
with _____ Bank _____ branch since
_____.

The conduct of the above account has been good and satisfactory.

For _____ Bank

Manager

FORMAT OF BOARD RESOLUTION

CERTIFIED TRUE COPY OF RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF
 _____ LTD.AND HAVING ITS REGISTERED OFFICE AT
 _____ HELD ON
 _____ DAY OF _____ AT _____ A.M. / P.M.

RESOLVED THAT the company is authorized vide object No. _____ of the Memorandum and Articles of Association to undertake stock broking related activities to enter into a Franchisee agreement with "HINDFS."

RESOLVED FURTHER THAT HINDFS be and is hereby authorized to accept the oral/ written instructions of Mr. _____ and / or Mr. _____ for the activities to be carried out by the Company under the Franchisee Agreement.

RESOLVED FURTHER that Mr. _____ and / or Mr. _____ Directors of the Company be and are hereby authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to give effect to this resolution.

AND RESOLVED FURTHER THAT the Common Seal of the Company be affixed, wherever necessary, in the presence of any Directors or of any one director and Company Secretary, who shall sign the same in token of their presence.

For _____ Ltd.

Chairman / Company Secretary /



HIND TELANGANA SERVICES

DIGISEVA

REGISTRATION FORM

Please affix
and sign on
the Current
Photograph

Sponsor ID: _____ System Generate ID: Office Use Only

Sponsor Name & Mobile Name: _____

Role: Franchise ☐ Master Franchise ☐ State Head ☐ Channel Partner ☐ Employee ☐

GST Number: _____

UID Number: PAN Number:

Contact No. (To be registered): +91 -

Registered Email ID. : _____

Name : Personal Details

Date Of Birth : ____/____/____ Father's / Guardian Name: _____

Residential Address : Vill/City: _____ PO: _____ PS: _____

Dist: _____ PIN: _____ State: _____

Business Firm Name : Business Details _____

Business Firm Type : Proprietorship / Partnership / Corporate / Trust / Co-Operative Society / NGO

Office Address : _____

Dist: _____ PIN: _____ State _____

Name of the Bank: _____ Branch Address: _____

Account Holder Name: _____

Account Number: _____

Account Type: Savings A/C ☐ Current A/C ☐ IFSC Number: _____

Service Franchise Fees.: _____ (_____ Only.)

Mode of Payment: Cheque ☐ D.D. ☐ Online ☐ Details _____ Transfer Date ____/____/____

Other: _____

Service wants to Apply: ☐ Digiseva Portal ☐ RBL Bank CSP ☐ With Device ☐ Without Device ☐ ICICI Bank CSP ☐ With Device ☐ Without Device ☐ IRCTC Agency ☐ 1 Year Valid ☐ 2 Year Valid ☐ HIND PAN Center ☐ HIND Smart PAN Center ☐ Mini ATM ☐ No Rental ☐ With Rental

Smart PAN Purchase Rate: _____ / PSA ID Cost: _____ / Digiseva ID Cost _____ / ATM Offer: _____ /

*DON'T PAY CASH ANY PERSON, IF ANY AMOUNT TRANSACTION, KINDLY PAYS TO COMPANY BANK A/C, OTHERWISE NOT LIABLE TO COMPANY.

DECLARATION

I hereby declare that the above information wholly true and complete to the best of my knowledge. I have read the all terms & condition. I hereby agree abide by them. *

Sponsor Signature

Seal & signature

Approved Signatory (HIND)