



GOIS Pro RESELLER REGISTRAION FORM

1.Name of the Firm/Company/Individual			
2.Status: Proprietorship Firm /Partnership Firm /Company/Individual (Incase of Partnership Firm please specify whether registered or unregistered and enclose the copy of the partnership deed)			
3.Name(s) of the Proprietor/Partners/Directors			
4.Name and designation of the Authorised Signatories for signing the Agreement (Please attach Power of Attorney (POA) copy in case of POA holder)			
5.Address of the Firm/Company/Individual (Please furnish the registered office address wherever applicable)			
	Tel No. (mandatory)	Fax No.	
	Mobile No.		
	Email address:		
6. Names of the persons managing the Firm/ Company (for day to day correspondences)			
7. Residential Address of Managing Partner/Proprietor/Individual (Optional)			
	Tel No. (mandatory)	Fax No.	
	Mobile No.		
	Email address:		



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8. Name and address of the sister concerns / group company. (if any)		NA			
		NA			
			Reseller Partner		
9. Details of the existing Infrastructure (if any)					
	No. of Persons	Sales	Support		
10. Territory/ies applied for (Country, State, City/Region)					
11. Approx. Investment to be made in METAOPTION in the form of 1st Purchase (Optional)					



C e r t i f i c a t e

I hereby certify and confirm that the above information is true and correct. I also understand that the software that I am purchasing are non-refundable and non-transferrable. I have understood that I will be the Company's Channel Sales & Service Reseller and Company will not be liable for any legal action raised by any customer (end user) because of my negligence. I further confirm that I am the rightful person, Proprietor/Partner/Director authorised to sign this document.

Location:

Date:

Name

Designation

(sign and put the Firm/Company's rubber stamp)