

## INFORMATION CHANGE FORM

### A ☐ APPLICANT INFORMATION (Mandatory Information) *Form should be filled in Block / Capital Letters only.*

Distributor Number	Name of the Distributor	Date of Birth of Distributor
<input type="text"/>	<input type="text"/>	<input type="text"/>
		DD MM YYYY

Please tick (✓) your category. (\*Please provide relevant documentation.)

### B ☐ CHANGE ADDRESS DETAILS

Please provide your complete address with pin code and attach address proof.

Permanent Address	<input type="text"/>	
Mailing Address 1 / Locality	<input type="text"/>	
City/Town/Village (Mandatory)	<input type="text"/>	
District	PIN Code (Mandatory)	<input type="text"/>
State (Mandatory)	<input type="text"/>	
Telephone (Residence)	Telephone (Office)	Mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
STD Code & Phone Number	STD Code & Phone Number	
E-mail address:	<input type="text"/>	

### C ☐ DETAILS OF BANK ACCOUNT (Mandatory Information)

A/C details of the Distributor	<input type="text"/>
Bank Name	Your Account Number
<input type="text"/>	<input type="text"/>
IFSC Code	Branch Code
Bank Address:	<input type="checkbox"/> Blank Cheque Attached
<input type="text"/>	

Please provide cancelled cheque which should have the account holder's name, bank account number and IFSC code of the bank. In case the cheque does not have the account holder's name, additionally please provide any other attested bank document which verified the account holder name, bank account, and IFSC code of the bank.

### D ☐ PERMANENT ACCOUNT NUMBER (PAN) DETAILS

Please attach a copy of PAN card of the Primary Applicant.

Individual PAN No.	<input type="checkbox"/> Photocopy of PAN Card
<input type="text"/>	
(Personal PAN Details of the Primary Applicant)	

I/We here by verify that I/We have requested the above mentioned change in respect my/ our distributorship and agree to remain bound by the TIENS Distributorship agreement as amended from time. I/We understand that the information change will be effective only after receipt of this form and supporting documents by TIENS.

/ /	Signature of Distributor	/ /	Signature of TIENS Coordinator
Date		Date	

### ACKNOWLEDGMENT

Distributor Number
<input type="text"/>

We are in receipt of your request and relevant documents regarding change/addition of section given below:

A ☐ Applicant Information    B ☐ Change Address    C ☐ Details of Bank Account    D ☐ PAN Details

/ /	Signature of primary Applicant	/ /	Signature of Coordinator
Date		Date	