

EXPRESSION OF INTEREST

Name : _____

Address : _____

Contact : _____

Alternate contact no : _____

Email ID : _____

Name of Organization : _____

GST Number (If any) : _____

PAN No. : _____

Aadhar No. : _____

Bank Account Details:

Bank Name	Account No.	IFSC Code

DECLARATION

Date :

To ,
The CEO
Vieroots Wellness Solutions Pvt. Ltd.
2nd Floor, Manath Enclave, Kakkanad
Kerala, 682030

I clearly understand the business opportunities and activities of Vieroots Partner Centre and I agree to follow the same. I also agree to the terms and conditions for partnering with Vieroots as VPC.

Along with this EOI, I am attaching my KYC documents including Pancard Copy, Aadhar Card Copy and Cancelled Cheque copy for your reference.

I hereby confirm my association from the date of signing of this EOI.

Name :

Designation :

Signature & Seal :