TAMILNADU SLD VTS STICKER DEALERS ASSOCIATION

MEMBERSHIP APPLICATION FORM

Dealers and sub-dealers

FOR OFFICE USE

Application no. _____

Date received _____

Complete every field marked *, in capital letters or on screen. Sign the declaration and return the form to the association office.

A APPLYING AS

Applying as * (choose Dealer or Sub-dealer)

Sub-dealers only: name of your dealer

B CATEGORIES (TICK EVERY CATEGORY YOU TRADE IN) *

- ☐ Speed Limiting Devices (SLD)
- ☐ Sticker (STICKER)
- ☐ Vehicle Location Tracking (VLTD)

1 BUSINESS DETAILS

Business name *

Trade name

Business type *

GSTIN (optional)

Contact person *

Designation

Email address *

Mobile number * (10 digits)

Business address *

State *

District *

City / town *

PIN code * (6 digits)

2 PERSONAL AND RTO DETAILS

Father's / husband's name *

Date of birth * (dd/mm/yyyy)

Gender *

Blood group *

Home address *

Alternate mobile (optional)

RTO zone *

RTO office *

3 DECLARATION

I declare that the details given above are true and complete. I agree to the association's terms and conditions and understand that supporting documents must be uploaded after my application has been entered, before it can be reviewed.

Signature of applicant _____ Date _____

Entered by _____ date _____ verified by _____