

## **Real Estate Marketing Agent Registration Form**

### **IMPORTANT INSTRUCTIONS**

1. Please provide the required information and attach the relevant documents. If any item is not relevant, please write "Not Applicable".
2. Vendor shall provide Xerox copies of the following documents duly attested by the Proprietor / Partner / Karta of HUF / Chief Executive / Director of the entity as applicable :

#### **A: Applicable to all entities**

- a) PAN card of the entity.
- b) Trade License of the entity.
- c) Service Tax Registration certificate (If Applicable).
- d) Latest copy of Income Tax Assessment Order.
- e) Copy of SME registration certificate (If registered as SME under MSMED Act, 2006)

#### **B: Additional documents for Companies registered under Companies Act, 1956 / 2013:**

- a) Certificate of Incorporation
- b) Memorandum and Articles of Association
- c) List of Directors of the Companies
- d) Copy of last Audited Annual Accounts
- e) PAN card and Voter ID of the Director / Chief Executive of the entity who will be signing this form

#### **C: Additional documents for Entities Other than companies:**

- a) PAN card and Voter ID of the Proprietor / Partner / Karta of HUF / Chief Executive of the entity who will be signing this form.
  - b) Copy of Partnership Deed (In case of Partnership Firm only.)
3. Agent registration forms that are not completed in their entirety, with all relevant documents or which are not duly certified by the authorized person may not be processed.
  4. This form should be submitted along with all documents at the following address:

Mr. Ranjan Sasmal  
Mounthill Realty Pvt Ltd.,  
Salt Lake Stadium,  
Between Gate No.1 & 2, 1st Floor,  
Bhagwandas Taxi Meter Testing Centre  
Salt Lake, Kolkata  
West Bengal 700098

**Real Estate Marketing Agent Registration Form**

1. Name of the Marketing Agent Entity : \_\_\_\_\_

2. Address, Telephone, Fax and email:

Registered Office (with PIN Code)	
Corporate Office, if any (with PIN Code)	

*(If there is more than one Branch, the details may be provided by way of Annexure for the same).*

3. Form of Agent's Entity: Proprietorship / Partnership / HUF / Private Ltd. / Public Ltd / Others.  
*(Please tick the correct option)*

4. Name of Proprietor / Partner / Karta / Director / Chief Executive signing this form :

\_\_\_\_\_

\_\_\_\_\_

5. Please tick whichever applicable:

- a) Unit category:             General     SSI             SME under SMEDA Act,2006
- b) No. of Years in Business:  0 to 1       2 to 3       4 to 10       Above 10
- c) No. Of Employees:         1 to 10       11 to 19       20 to 50       Above 50
- d) Associated with any Employee of the group:             Yes             No

If Yes details of Employee:

Name:		
Relation:		



6. Entity Details

a) Total Office Area (In Sq Ft) \_\_\_\_\_

b) Does entity have any other branches / office Location?  Yes  No

If yes Please give details:

SI. No.	Branch Address	Contact No.

7. List of your major Clients:

SI. No.	Promoter Name	Project Type (Residential/ Commercial)	Project Size (Sq Ft- In Lacs)	Type of Agreement (Exclusive/Open Market)	No. of Personnel Deployed on the project	No. of Months/years in which project sold
1						
2						
3						
4						
5						



8. For any clarification person to be contacted in entity (Please give two contacts):

Name	
Designation	
Contact No. & E mail ID	
Name	
Designation	
Contact No. with mail ID	

9. Annual Turnover (last 3 years): *(Optional for Individuals and HUF)*

SI.No.	Financial Year	Turnover
1		
2		
3		

10. Statutory Requirements (Please also provide additionally these details for **branch office**, if any):

SI No.	Description	Head Office / Registered Office	Branch Office
I.	PF Registration No		
II.	ESIC No.		
III.	PAN No.		
IV.	Service Tax Registration No		
V.	Trade License No.		

VI.	Professional Tax Registration No.		
VII.	Professional Tax Enrolment No.		

11. Bank Details:

Name of your Bankers		
Account Type (Savings / Current / Cash Credit A/c)		
Address		
Exact Name as per Bank Records for payment through RTGS/NEFT		
Account No.		
MICR Code		
RTGS/IFSC Code		

12. Please tick the documents attached which should be self attested by Proprietor / Partner / Karta of HUF / Director / Chief Executive of the Entity.

- Income Tax PAN       Trade License       Service Tax Registration Certificate  
 Income tax Assessment Order       SME Registration Certificate       Certificate of Incorporation  
 MOA/AOA       List of Directors / Partners       Copy of Last Audited Annual Accounts  
 Copy of PAN of the person signing this form       Copy of Voter ID card / Bank Statement of the person signing this form  
 PF Registration Certificate       ESIC Registration Certificate       Copy of Cancelled Cheque  
 Any Other Documents – if any, Pl. Specify



## Declaration

I, \_\_\_\_\_ son of / daughter of \_\_\_\_\_ being Proprietor / Partner / Karta of HUF / Director / Chief Executive of \_\_\_\_\_ do hereby declare that the Information / Details / Documents / Data submitted above is True and Correct to the best of my Knowledge and Belief and in case any of the above information is found to be incorrect at a later date, my registration shall be liable to be cancelled and my any payment shall be withheld by the Company and any unprocessed bill shall remain withheld by the Company. I further declare that..:

1. That post issuance of rate contract; the Original bill will be submitted along with Duplicate Copy and copy of the Rate Contract issued along with proof of Completion of Services by way of certificate from the user. **IT IS CLEARLY UNDERSTOOD THAT IN ABSENCE OF THESE DOCUMENTS/DETAILS, BILL WILL NOT BE PROCESSED FOR PAYMENT.**
2. That wherever Service Tax will be charged, the bifurcation of the taxes will be provided in the invoice
3. That in case we do not provide certified copy of PAN card, the Company will be deducting TDS @20% or at such rate as may be prescribed under Income Tax Laws of India.
4. That in case we do not provide the required Documents as required under various Statutes, the Company shall be deducting the full amount of Liability which may arise, from the payment to be made to us under respective Invoices.
5. That any change in the constitution of the ownership / address will be communicated to the company within 7 days of such change.
6. That Payment to our company might be withheld if any information furnished above is found to be incorrect on a later date.

Date :

\_\_\_\_\_

Place :

**Signature and Stamp of Vendor**



**FOR OFFICE USE ONLY**

**APPROVAL FOR ADDITION OF MARKETING AGENT**

Agent Approved     YES         NO

Effective Date of Addition \_\_\_\_\_

Approved as         Regular Agent    One Time Agent

Vendor Master Updated By \_\_\_\_\_

Approved By        \_\_\_\_\_

\_\_\_\_\_  
Commercial Executive

\_\_\_\_\_  
Accounts Executive

\_\_\_\_\_  
Manager Accounts Payable

