



Enrollment Form

Full Name : _____

E-Mail ID : _____

Mobile No. : _____

Address : _____

: _____

City/Town : _____

State : _____

- Type of Partner : Individual
- Proprietorship Firm Name: _____
- Partnership Firm Name: _____
- Pvt. Ltd. / Ltd. Name: _____
- Other Name: _____

Type of IFW ERP Partnership Interested in:

- Referral Partner Channel Partner Implementation Partner

I hear by declare that I accept to be enrolled into the IFW ERP Partner Program with IFW Techno Creations Pvt. Ltd. Company.

Date: __/__/____

Signature

