



Empanelment Form

For associates ,Service Provider and referral

Office:

FINCLAIM

S Das Bhavan , ,Uttarayan PO Chinsurah Rail Stn
Dist Hooghly-712102 , West Bengal

Phone: +91- 933 11 22 333

Watsapp:+91- 898 100 400 7

Website: www.finclaim.in

email : efinclaim@gmail.com



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Associates cum service Provider Empanelment :

Client copy FINCLAIM copy Associates copy

TO,
TEAM-Sr Cordinator, Sr Member
FINCLAIM
Office: Uttarayan PO Chinsurah Rail Stn
Dist Hooghly-712102 , West Bengal
Phone: +91- 933 11 22 333 Whatsapp:+91- 898 100 400 7
Website: www.finclaim.in email : efinclaim@gmail.com

Associate name:

Service Provider Role:

List of Role;

a.Certified Nursing /Nursing Assistant , b.Ambulance, Health attendant , c. Morning walker attendant, d.Physiotherapist, e.Daily Consumables attendant , f. Grocery Items agent g.Pharmacy agent, h. Home Doctors ,i. pathology Collection agent, j. Diagnostic labs, K. health Emergency manager, l. Financial service and Tax planning provider m. Home electrical agent, n. Plumber o,Maid servant p. Courier agent Q. Hospital accommodation r. Home treatment s. Elder care: t. Baby care mother U Auto /vehicle service v. Tourism service w.Legal service provider,x.. land service provider y. Phone/ internets service Z. Coaching study /office stationary zz. Social activity assistance: JJ. Engineering service
LL. Marketing associates Referral generators, AA>Others:

Dear Sir/madam,

Ref No:

Role: name:

Date:

Duration

I/We want to be associated with FINCLAIM TEAM for **Wealthy health** forming an integral part with the role as mentioned below[non salary basis].

So I/We would request you to be enlisted/ empanelled for providing service as per details below.

Name of Principal person:

ID:

No:

Name contact person:

Designation:

Type of Organization:

Organization Details;

Org name;

Address:

Type:

Govt Org Proof:

I ham individual

Contact details;

[Appointments]

email;

Whats app;

Phone;

Contact time Preference:

Appointment BE always made through FINCLAIM.

Schedule of work preference::

Work area/distance preference:

Work area Limitations:

Duration of agreements/MOU:

Team of attendant No:

Must Carry bio data and address proof

Charges/fees Structure/ schedule:

Attach separate sheet

Conditions:

Transactions: Phone pe app / any UPI based Internet banking

Transactions through :Realization through FINCLAIM** Direct to/from END -clients-*** **Conditions apply

Documents required: Individual Photo ID proof; Address Proof: Photo -snap

Org Documents requires as per Type;

Our Conditions: All appointments will be scheduled through FINCLAIM [efinclaim@gmail.com , efinclaim.projects@gmail.com services@finclaim.in] and will be emailed accordingly to end clients and associates service provider. Phonetic sms based appointment confirmation will be limited to domestic geographic region only .Transaction will be made by UPI based app /internet banking only. A percent of remuneration may be shared for us , will be notified time to time. FINCLAIM has rights to reserve to terminate agreements without notice.

Our UPI app :
9331122333



Thanking you

Yours sincerely

Signature of Principal/Authorized person:

Name of Person :assigned -

Relation :

A SEAL IS REQUIRED FOR ORGANIAZION