

Glad H2 Partnership Form

1. APPLICANT INFORMATION

First Name Last Name

Address

City/State Zipcode

Phone Email

Company Name (if Applicable)

Position Website

2. BUSINESS INFORMATION

Type of Business

Sole Proprietorship

Corporation

Partnership

Others, _____

Business Registration Number Since (Years)

Tax Identification Number (TIN)

Current Business Activities (brief description)

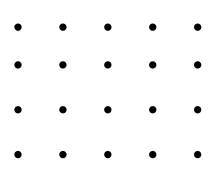
3. PARTNERSHIP INTEREST

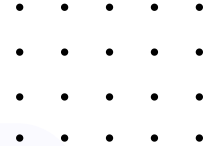
Area of Interest:

Experience Center

Product Distribution

Both





Glad H2 Partnership Form

Proposed Location(s) for Experience Center(s)

City/Region 1:

City/Region 2:

City/Region 3:

Current Wellness/Health-related Business (if any)

Why are you interested in partnering with Glad Hydrogen? (Briefly describe your vision for the partnership)

Proposed Launch Date

4. FINANCIAL INFORMATION

Annual Revenue (last 3 years)

Year 1

Year 2

Year 3

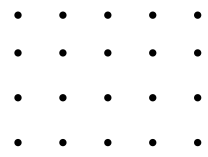
Available Capital for Investment:

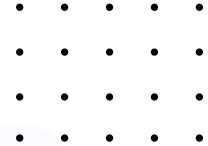
Current Credit Facilities (if any):

5. LEGAL AND COMPLIANCE

Have you or your business ever been involved in legal proceedings?

Yes No If Yes, please provide details, _____





Glad H2 Partnership Form

Do you have any outstanding debts or liens?

Yes No If Yes, please provide details, _____

6. REFERENCES

Professional Reference 1

Name	
Company	
Position	
Contact Information	

Professional Reference 2

Name	
Company	
Position	
Contact Information	

7. ADDITIONAL INFORMATION

Please provide any additional information that may support your application:

8. DECLARATION

I, the undersigned, declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false information may result in the rejection of my application or termination of any partnership agreement.

Partnership Fees: ₹50,000/-

Application Validity: 31st December, 2024

Signature

Date

