



PRIVILEGED CUSTOMER FORM

Name Mr. /Ms.

DOB

D D

M M

Y Y Y Y

Father's /Husband Name Mr.

Address

Vill/Town

Post

Tehsil

Distt

Pin Code

State

Mobile

Email

Ref. By

ID No.

ORG 1

ORG 2

Easy care Consumer Solution Pvt. Ltd.

415, City Center, 570 M.G. Road, Indore- 452001, Ph. : 0731-4071978

Web : www.easycare.co.in, Email : cceasycare@gmail.com