



Strategic Consulting

CLIENT REGISTRATION FORM

COMPANY DETAILS:

(A) NAME OF THE FIRM :

ADDRESS (IN FULL):

INDUSTRY /SECTOR: _____

TYPE OF FIRM:

SOLE- PROPRIETORSHIP

PARTNERSHIP

LLP

PRIVATE LTD.

LISTED

PRIVATE EQUITY /VENTURE CAPITAL/ FUND

OPERATION SINCE: _____



PLACE OF OPERATION/S: _____

TURNOVER (INR/USD): _____

PROMOTERS /PARTNERS /DIRECTORS: _____

WEB: _____

(B) NAME OF THE CONTACT PERSON:

Mr./Ms. (FIRST NAME) _____

(SURNAME) _____

DESIGNATION: _____

CONTACT NO: (M) _____

(O) _____

(R) _____

EMAIL: _____

WHY WOULD YOU LIKE TO COLLABORATE WITH BRAND TORQUE'S STRATEGIC
CONSULTING PLATFORM? (300 WORDS)

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WHAT KIND OF SUPPORT YOU ARE LOOKING AT?

- BUSINESS STRATEGY
- OPERATIONAL
- PRODUCT DEVELOPMENT
- RESTRUCTING
- FUND AUGMENTATION
- NON -PERFORMING ASSETS (NPA)
- IPO (INITIAL PUBLIC OFFER)
- FINANCIAL & ACCOUNTING
- SUPPLY CHAIN & LOGISTICS
- DISTRIBUTION /BROKING
- M & A
- LEGAL & COMPLIANCE

OTHERS _____ (Please specify the exact requirement)

WHAT KIND OF CONSULTATION WOULD THE PROJECT DEMAND ?

- TELE-PHONIC
- REGULAR ENGAGEMENT (RETAINERSHIP /FIXED)

WHAT DURATION OF TELEPHONIC CONSULTING YOU WOULD AVAIL?

- 0 – 1 HOUR
- 1.5 – 2 HOURS
- MORE THAN 2 HOURS

HOW FREQUENTLY YOU NEED TO AVAIL THE CONSULTING SERVICES?

- WEEKLY
- MONTHLY
- QUATERLY
- INTERMITTENTLY

WHAT KIND OF EXPERTISE YOU ARE LOOKING IN A CONSULTANT FOR YOUR REQUIREMENTS (300 WORDS)

HOW MANY YEARS OF RELEVANT EXPERIENCE YOU EXPECT THE CONSULTANT TO HAVE?

- 5- 10 YEARS
- 10 -25 YEARS
- 25 YEARS PLUS

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TIMINGS YOU WOULD PREFER FOR CONSULTATION GENERALLY?

 9:00 AM – 12: 00 PM

 13: 00 PM – 18:00 PM

 19:00 PM – 12: 00 AM

BANK DETAILS FOR CREDIT:

ACCOUNT NAME: BRAND TORQUE LLP

ACCOUNT NUMBER: 918020059552660

BANK NAME: AXIS BANK LTD.

BANK ADDRESS: THANE(MH),THANE -400602

IFS CODE: UTIB0000061

KYC TO BE SUBMITTED

 PAN CARD

 CERTIFICATION OF INCORPORATION

Disclaimers:

- Once there is an official sign up with Brand Torque LLP, a legal NCNDA needs to be signed to maintain standard business protocol.
- The Client needs to share project overview to Brand Torque LLP for evaluation and source the right consultant for the job.
- The shortlisted consultant profile would be shared on a no name and no contact basis with the Client initially.
- Post Client approval, the schedule would be set for the session, mutually agreeable to both.
- Client would remit the fees to Brand Torque 100 % before the session.
- Client is expected to share regular feedbacks to Brand Torque LLP on quality of consultation.

I, hereby confirm that we have read correctly and the above information and documentation declared are all true and are shared with best interest.

Mr./Ms. _____

Designation: _____

(Authorised Signature)

*** Please Note: This Registration form is for evaluating basic information .Post which a formal Legal mandate with NDA would need to be signed as a part of the collaborating process.

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