

BRAND TORQUE Strategic Consulting

NAME: Mr./Ms. (FIRST NAME)ADDRESS (IN FULL):	
NAME OF THE FIRM:	
DESIGNATION:	(0)
CONTACT NO: (M)(R)	(U)
WEB:	
EMAIL:	
LOCATION:	
DOMAIN EXPERIENCE:	
□ Logistics /Supply Chain (Domestic & Global) Pharma & Lifesciences	
☐ Agro Industry	□ FMCG
☐ Automobile	☐ Infrastructure & Building Materials
☐ REAL ESTATE/LAND ACQUISITION /RE	ITS
☐ Financial Services /Private Equity /Capital Markets	
□ MSME/SME	☐ TYRES/TIRECHORD
MEDIA & ENTERTAINMENT OTHERS: PLEASE MENTION	
TOTAL NO OF EXPERIENCE IN STRATEGIC	CONSULTING:
□ 5 - 10 YEARS	
□ 10 -25 YEARS	
☐ 25 YEARS AND ABOVE	
MENTION FEW MAJOR CLIENTS YOU HAVE WORDS):	CONSULTED BEFORE (300
AREAS YOU HAVE SHARED YOUR EXPERTI	SEIN (300 WORDS):



Designation:_

Strategic Consulting

WHAT HAS BEEN THE MOST FREQUENT RATINGS YOU HAVE BEEN GIVEN ON YOUR SESSIONS? WHAT DO YOU PREFER? PHONE CONSULTING FACE TO FACE MEETING WHAT ARE YOUR EXPECTATIONS FOR 1 HOUR MINIMUM? ☐ PHONE CONSULTING: INR/USD____ ☐ FACE TO FACE MEETING: INR/USD____ MINIMUM 2 TESTIMONIALS OF CLIENTS YOU COULD SHARE HERE WITH THE NAME, DESIGNATION & ORGANIZATION? TIMINGS YOU WOULD PREFER FOR CONSULTATION GENERALLY? □9:00 AM - 12 : 00 PM □13: 00 PM - 18 :00 PM □9 :00 PM - 12 : 00 AM BANK DETAILS FOR CREDIT: ACCOUNT NAME: ACCOUNT NUMBER : _____ BANK NAME: _____ BANK ADDRESS: RTGS /NEFT DETAILS : ______ KYC TO BE/SUBMITTED: ☐ PASSPORT ☐ DRIVING LISCENCE ☐ ADHAR CARD ☐ PAN CARD I, hereby confirm that the above information and documentation declared are all true and are shared with best interest. Mr./Ms._

(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 on-boarding process