



# COOLBREEZE SOLUTION PVT. LTD.

Customer Type: *(Please tick mark any one)*

Individual  
 Organization  
 Group Farming

**For Individual:** *(This form will be filled by the applicant in the capital letter)*

**Contact Information of Applicant :** *(Please fill up personal details according to ID & address proof)*

*First Name:	Applicant First Name		
*Middle Name:	Applicant Middle Name		
*Last Name:	Applicant Last Name		
*Gender:	Applicant Gender		
*Age:	Applicant Age		
*Primary Contact No.:	10 Digit Mobile Number	Alt. Cont. No.:	10 Digit Mobile Number

Affix Passport  
Size Photo

Cross  
Signature

**Permanent Address:**

\*House No.: \_\_\_\_\_ \*Village/Town: \_\_\_\_\_ \*Area Post Office \_\_\_\_\_  
 \*Block \_\_\_\_\_ \*Subdistrict: \_\_\_\_\_  
 \*District: \_\_\_\_\_ \*State: \_\_\_\_\_  
 \*Area Pin code: \_\_\_\_\_ E- mail ID: \_\_\_\_\_  
 Land Mark \_\_\_\_\_

**Farming Land Information:**

\*Khasra Number: \_\_\_\_\_ \*Village/Town: \_\_\_\_\_ Post Office \_\_\_\_\_ \*Block \_\_\_\_\_  
 \*Subdistrict: \_\_\_\_\_ \*District: \_\_\_\_\_ \*State: \_\_\_\_\_ Area Pin code: \_\_\_\_\_ Land Mark \_\_\_\_\_

**Farmer Bank A/c Details:**

Sr.#	*Name of Bank Account Holder	*Bank	*A/c No.	*IFS Code	*Name of Branch
1.	Name of bank A/c holder	Name of Bank	Bank A/C No.	IFS Code	Name of Branch

**\*Crop Details:**

Name of Crop	Variety	Land Area	Plant Qty
Crop Name Exp: Papaya	Variety		0.00

**KYC Document Number:**

*Aadhar Card No.	*PAN No.	*Khasra No.
12 Digit Aadhar Card Number	10 Digit Pan Card Number	Khasra No.

Cross Signature

**Buyback Type:***(Please tick mark any one)*

- Under Open Rate**  
(The wholesale rate will be given based on the regional market.)
- Under Fix Rate**  
(Fix rate will be determined before plantation along with contract terms.)
- Under CSPL Rate**  
(The rate will be according to the CSPL Market price)

**Agreement Processing Fees:** *(Please tick mark any one)*

- Online Agreement through Email**  
(agreement process is free for online Agreement through Email.)
- Offline Agreement on Stamp Paper**  
(if agreement process is offline. Processing fees per applicant Rs.1000/- rupees applicable)

**\*Agreement processing fees Details:**

*Mode of Payment	From Bank A/c No.	*Transaction Ref. No.	Date	*Amount
<input type="checkbox"/> Online		Transaction Number	Transaction Date	Transaction Amount
<input type="checkbox"/> Cheque		Cheque Number	Cheque issue Date	Cheque Amount
<input type="checkbox"/> Cash		NA	Cash Payment Date	Amount

**Land Ownership Type:***(Please tick mark any one)*

- Own**
- Lease / Rented**  
(If land is rented/ lease it will be mandatory to submit \*NOC)

**Supporting Document for registration:**

	Name of Document	Remark
<input type="checkbox"/>	*Aadhaar card of applicant	
<input type="checkbox"/>	*Pan card of applicant	
<input type="checkbox"/>	*Khasra copy of land	
<input type="checkbox"/>	Other If any	

**\*Declaration of Applicant**

I \_\_\_\_\_ the information I have filled in this form is complete truth.

**Verified by:**

Full Name: -----

Signature -----

Contact Number: -----

Date: -----

**Approved by:**

Full Name: -----

Signature: -----

Contact Number: -----

Date of Approval -----

**For Organization: (This form will be filled by the applicant in the capital letter)****Basic information of organization: (Please fill up Business details according to business license/certificate/Land records)**

*Name of Organization:	Name of organization		
*Details of business activity:			
*Date of registration:			
*Registration No.			
*Under which organization is the business registered:			
*Pan Number:			
*Full Address:			
Contact Number:		Alt. Cont. No.	

**Farming Land Information:**

*Khasra Number: _____
*Village/Town: _____ *Post Office _____ *Block _____
*Subdistrict: _____ *District: _____ *State: _____
*Area Pin code: _____ Land Mark _____

**Contact Information of authorized signatory:**

*First Name:	Applicant First Name		
*Middle Name:	Applicant Middle Name		
*Last Name:	Applicant Last Name		
*Aadhar Number:	Applicant Aadhar Number		
E- mail Id:	Applicant E- mail id		
*Gender:	Applicant Gender		
*Age:	Applicant Age		
*Primary Contact No.:	10 Digit Mobile Number	Alt. Cont. No.	10 Digit Mobile Number

**Organization Bank A/c Details:**

Sr.#	*Name of Bank Account Holder	*Bank	*A/c No.	*IFS Code	*Name of Branch
1.	Name of bank A/c holder	Name of Bank	Bank A/C No.	IFS Code	Name of Branch

**\*Crop Details:**

Name of Crop	Variety	Land area	Plant Qty
Crop Name Exp: Papaya	Variety		0.00
Crop Name Exp: Papaya	Variety		0.00

**Buyback Type:***(Please tick mark any one)*

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(Fix rate will be determined before plantation along with contract terms.)
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(The rate will be according to the CSPL Market price)

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<input type="checkbox"/> Online		Transaction Number	Transaction Date	Transaction Amount
<input type="checkbox"/> Cheque		Cheque Number	Cheque issue Date	Cheque Amount
<input type="checkbox"/> Cash		NA	Cash Payment Date	Amount

**Land Ownership Type:***(Please tick mark any one)*

- Own
- Lease / Rented  
*(If land is rented/ lease it will be mandatory to submit \*NOC)*

**Supporting Document for registration:**

	Name of Document	Remark
<input type="checkbox"/>	*registration certificate of organization	
<input type="checkbox"/>	*Pan card of organization	
<input type="checkbox"/>	* Khasra Copy of Land	
<input type="checkbox"/>	*Proof of appointment of authorized signatory	
<input type="checkbox"/>	*Aadhar card of authorized signatory	

**\*Declaration of Applicant**

I \_\_\_\_\_ the information I have filled in this form is complete truth.

**Verified by:**

Full Name: -----

Signature -----

Contact Number: -----

Date: -----

**Approved by:**

Full Name: -----

Signature: -----

Contact Number: -----

Date of Approval -----

**For Group Farming: (This form will be filled by the authorized signatory of group in the capital letter)****Basic information of Farming Group: (Please fill up group details according to the group committee)**

*Name of Group:	Name of organization
*Name of Crop:	
* Number of members in the group: (max 5 members allowed in this group)	
*Land Area: (required min. land area 10 acre)	

**Details of group member:**

Sr.#	Full Name (As per Pan Card)	Aadhar No.	Land Khasra /record No.	Land Area (in Acre)	Contact Number
1.					
2.					
3.					
4.					
5.					

**Farming Land Information:**

\*Village/Town: \_\_\_\_\_ \*Post Office \_\_\_\_\_ \*Block \_\_\_\_\_  
\*Subdistrict: \_\_\_\_\_ \*District: \_\_\_\_\_ \*State: \_\_\_\_\_  
\*Area Pin code: \_\_\_\_\_ Land Mark \_\_\_\_\_

**Contact Information of authorized signatory:**

*First Name:	Applicant First Name		
*Middle Name:	Applicant Middle Name		
*Last Name:	Applicant Last Name		
*Aadhar Number:	Applicant Aadhar Number		
E- mail Id:	Applicant E- mail id		
*Gender:	Applicant Gender		
*Age:	Applicant Age		
*Primary Contact No.:	10 Digit Mobile Number	Alt. Cont. No.	10 Digit Mobile Number

**Group members bank a/c details:**

Sr.#	*Name of Bank Account Holder	*Bank	*A/c No.	*IFS Code	*Name of Branch
1.	Name of bank A/c holder	Name of Bank	Bank A/C No.	IFS Code	Name of Branch
2.	Name of bank A/c holder	Name of Bank	Bank A/C No.	IFS Code	Name of Branch
2.	Name of bank A/c holder	Name of Bank	Bank A/C No.	IFS Code	Name of Branch
4	Name of bank A/c holder	Name of Bank	Bank A/C No.	IFS Code	Name of Branch
5	Name of bank A/c holder	Name of Bank	Bank A/C No.	IFS Code	Name of Branch

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<input type="checkbox"/> Online		Transaction Number	Transaction Date	Transaction Amount
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<input type="checkbox"/> Cash		NA	Cash Payment Date	Amount

**Land Ownership Type:***(Please tick mark any one)*

- Own**
- Lease / Rented**  
(If land is rented/ lease it will be mandatory to submit \*NOC)

**Supporting Document for registration:**

	Name of Document	Remark
<input type="checkbox"/>	*Aadhaar card of applicant	
<input type="checkbox"/>	*Pan card of authorized signatory	
<input type="checkbox"/>	*Khasra copy of land	
<input type="checkbox"/>	*Proof of appointment of authorized signatory issued by group committee member.	

**\*Declaration of Applicant/ authorized signatory**

I \_\_\_\_\_ the information I have filled in this form is complete truth.

**Verified by:**

Full Name: -----  
Signature -----  
Contact Number: -----  
Date: -----

**Approved by:**

Full Name: -----  
Signature: -----  
Contact Number: -----  
Date of Approval -----