TSTS FRANCHISEE Letter of Undertaking

l,	S/c	0
Here by confirm that the de	etails provided below are	e true and the same has been shown to TSTS
authorities during enquiry.		
Business Address:		Residence Address:
Shop No.		H.No.
Land mark:		Land mark:
Street/Road:		Street/Road:
Gram Panchayat/Village:		Gram Panchayat/Village:
Present Mandal:		Present Mandal:
Present District:		Present District:
Pincode:		Pincode:
Land Phone :		Land Phone:
Mobile No:		Mobile No.
e- Mail Id:		PAN Card No.
		Aadhaar No:
business address. Any changes of address/n discretion of TSTS Limited) I hereby state and authoriz	name will be intimated to the control of the control of the candon the the candon the franchise.	to TSTS for their approval and only upon approval (at cel my TSTS FRANCHISEE if any of the above details is operational and the cancellation can be done at my
I hereby declare that I h	ave submitted the De	mand Draft for an amount of Rs/- (DD
		, Name of bank:)
		cy Account " for becoming TSTS Franchisee and I
	_	e form cash to the TSTS staff for sanctioning TSTS
Franchisee to me.	·	-
Yours sincerely		verified by:
Signature		TSTS Field Person
		Name:
FRANCHISEE Name:		Sign:
FRANCHISEE Id:		Date:
Firm/Company Name:		Place: