



## Application Form: Virtual Office space

BI / Virtual Office Space

Date:

### 1. Applicant information

1.1	Applicant full name	
1.2	Affiliation/ profession	
1.3	Full postal address for correspondence	
1.4	Phone	
1.5	Fax	
1.6	Email	

### 2. Company information

2.1	Name of company (Regd. or proposed)	
2.1.1	Tick the correct option	<ul style="list-style-type: none"><li>• Proprietor</li><li>• Partnership</li><li>• Pvt. Ltd</li><li>• Other</li></ul>
2.1.2	If other, please specify	
2.2	Alternative correspondence address (if different from above address of applicant)	
2.3	Website of company	
2.4	Nature of business	



### 3. Application for services

3.1	We wish to apply for the <b>Virtual Office Space</b> Service Package at the BioNest – IASST	Yes/ No
3.2	Requirement	
	Required dates and duration (indicate a start and end date)	

It is hereby declared that the undersigned has read and understood the terms and conditions of BioNest – IASST Office Space service package and accepts the same.

The undersigned authorized representative of the applicant also declares that all the information given herein above is true and correct to the best of his personal knowledge and belief and also understands that in the event of any information found to be untrue or incorrect, the contract of the said services is liable to be terminated forthwith.

For and on Behalf of

(Name of the Company)

(Name of the authorized signatory)

Designation