Doc: 2020/12/SHPD/SHPJ

SASTRA HUB Publication Development Agent Partnership Application form



Please ensure you have read through the SASTRA Hub Partnering Program guidelines before completing this form. Once complete, please email this form to support@sastrahub.com

App	icant	Details
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Applicant Details			
Name of Individual/Organization :			
Contact person :			
Contact number :			
Email address:			
Address:			
Country:			
Identification Number/Passport /Company Number :			
Banking Details for Payment:			
Bank Name :			
Bank Account Number :Swift Code :			
Provide a general description of your organisation or self:			
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Publication to submit (Daily/Weekly/Monthly/) :			
Estimated Number of Publication to submit:			
I hereby declare that the information given in this application is belief. In case any information given in this application proves to consequences.	·		
Note: We will process your application and will reach out if needs Upon successful application will be provided a contract as an Pul	•		
Submitting by:			
	If organization, include Company Stamp		
NAME :			
DATE:			