

STRATEGIC ALLIANCE FORM

The following information is the basis of our strategic alliance. The submission of the application does not obligate School of Educators (SA), or your company, in any way. School of Educators (SA) will rely on the information provided to evaluate your application to have a strategic alliance.

o In case you wish to provi	de additional information	, please attach a separate sheet.	
Company / Organization Name _			
Concerned person Name:			
Postal Address:			
City/Town:	Stat	te:	
Residence Phone Number:		Mobile:	
Website and Email Address:			
Languages spoken fluently:			
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Dates – From & To	Product	Major Clients and Turnover	



Why are you interested in having a strategic alliance? Please detail in a few sentences.	
What efforts / initiatives would you like us to make your business a success?	
Which demographic areas you are looking for sales leads?	
Corporate Profile?	
Describe your commercial or other intent and proposed business model?	
Key contact names with details?	



Present Turnover	
No. of Franchisee	-
No. of Clients	-
Present business in demographic	c area
Clients type: School / College /	University / Educators / Students / others
	Declaration
School of Educators (SA) will (SA) will also not be responsible customer and our company. We	ducators (SA) will generate sales leads for our company. not be responsible for sales conversion. School of Educators e and involved in any disputes / conflicts arising with the e will pay School of Educators (SA) 5% of the revenues ective of profit / loss to the company.
Date:	Signature:
Please send DD / Cheque in favor strategic alliance application for	or of "Leo C.H.C. Pvt. Ltd." for Rs. 5000/- (\$ 100) with rm to
Leo C.H.C. Pvt. Ltd. School of Educators (SA) 381, W.K.Road, Meerut. (U.P.) – India Pin 250001 email: vishal@nageen.com	