

HOCKEY INDIA AGENT REGISTRATION FORM



Name of Agent: _____
(Surname)

(Name)

PHOTOGRAPH
Please attach 5 passport size
photographs

AADHAR Card Number: _____
(Attach photocopy)

Sex: Male Female

Father/Husband Name: _____

Mothers Name: _____

Address: _____

Contact Number: _____

Email Address: _____

Place of Birth: _____

Date of Birth: _____

If affiliated with a particular firm or agency as a player agent, please indicate:

Name of Firm/ Agency _____

Business Address: _____

Registration Number: _____ (if you have one)

Business Number/ Fax: _____

Firm/ Agency Email Address: _____

Firm/ Agency PAN Number: _____

(Attach photocopy)

Experience

Number of years experience as a player - agent: _____

Sports in which you currently represent athletes and total number of athletes in each sport:

Other Qualifications

Current membership in professional organization: _____

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained:

For the services you perform for client athletes, list the names and address of individuals, firms or agencies that assist in providing these services. Use additional sheets if necessary:

Name	City	State
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Name	City	State
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Name	City	State
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Name	City	State
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Names of any athletes including Indian athletes (or all clients, if fewer than 10) you previously or currently represent and, in team sports, the team/ league to which each athlete is under contract and name of team representative with whom you negotiated this contract. Write "none" if you currently do not represent any athlete.

If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport. Use additional sheets if necessary:

Player Name	Team	Clients Phone	Team Representative
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous employment (last two positions and dates of employment)

Firm _____ Position/ Date _____

Address _____

Firm _____ Position/ Date _____

Address _____

References

Name _____ Position/ Date _____

Address _____

Name _____ Position/ Date _____

Address _____

Name _____ Position/ Date _____

Address _____

I certify that the above mentioned is true, correct and complete to the best of my knowledge and that I will comply with the Policies and Regulations of Hockey India.

Signature _____

Date _____

COMPLETED FORMS SHOULD BE SENT TO HOCKEY INDIA AT THE ADDRESS BELOW

HOCKEY INDIA

B1/E14, Ground Floor

Mohan Co-operative Industrial Estate

(1 km Ahead of Mohan Estate Metro Station)

New Delhi-110044

India