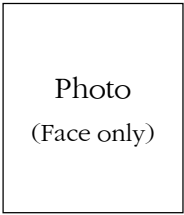




Divine Noni Family Wellness Service

(A unit of Noni BioTech Pvt. Ltd.)

12, Rajiv Gandhi Salai, Perundugi, Chennai - 600 096. Phone : 044-2454 5401-05 Fax : 044-2454 5406
E-mail : support@nonifamily.net Visit : nonifamily.net



No. _____

DISTRIBUTORSHIP APPLICATION

APPLICANT NAME

DATE OF BIRTH

____/____/____
DATE MONTH YEAR

SEX

MALE FEMALE

OCCUPATION

JOB BUSI PROF OTHERS

STATUS

INDIVIDUAL PROPRIETOR

MAILING ADDRESS

VILLAGE / TOWN / CITY

POST

TALUK

DISTRICT

STATE

PIN CODE

TELEPHONE NUMBER (RESIDENCE)

____/____/____/____/____
Area Code Phone Number

INCOME TAX PAN NO

____/____/____/____/____

MOBILE NUMBER

____/____/____/____/____/____

E-MAIL ADDRESS

____/____/____/____/____/____/____/____/____/____

NOMINEE NAME

RELATIONSHIP

YOUR BANK NAME (For Commission Remittance)

BRANCH NAME

YOUR ACCOUNT No.

____/____/____/____/____/____/____/____/____/____

YOUR BANK IFSC CODE No.

____/____/____/____/____/____/____/____/____/____

PLACE ME IN FIRST SECOND TEAM OF MY SPONSOR

YOUR SPONSOR'S NAME

SPONSOR'S DISTRIBUTOR I.D. NUMBER

____/____/____/____/____/____/____/____/____/____

WRITE YOUR PREFERRED NONI A/C NAME •DO NOT USE SPACES IN YOUR NAME (WRITE 2 CHOICES)

1. _____

2. _____

I HEREBY APPLY FOR (PLEASE TICK ANY ONE)

- | | | |
|---|--|--|
| <input type="checkbox"/> PREFERRED CUSTOMER | <input type="checkbox"/> MARKETING DISTRIBUTOR | <input type="checkbox"/> STOCKIST DISTRIBUTOR |
| <input type="checkbox"/> FIVE STAR DISTRIBUTOR | <input type="checkbox"/> MEGA STAR DISTRIBUTOR | <input type="checkbox"/> SUPER STAR DISTRIBUTOR |
| <input type="checkbox"/> TEN STAR DISTRIBUTOR | <input type="checkbox"/> SILVER STAR DISTRIBUTOR | <input type="checkbox"/> GOLDEN STAR DISTRIBUTOR |
| <input type="checkbox"/> DIAMOND STAR DISTRIBUTOR | | |

I AM ENCLOSING A D.D. FOR Rs. _____ IN FAVOUR OF **NONI BIOTECH PVT. LTD** PAYABLE AT CHENNAI

D.D. No. _____ DATE _____ BANK _____

ADDRESS PROOF DISTRIBUTOR ORDER FORM

I request you to register me as a distributor of the Noni Family Business Programme. I certify that the information provided herein is correct to the best of my knowledge and I accept the terms and conditions of the Distributor agreement Dynamic Plan and Declaration, I have read, understood and accepted the distributor agreement Dynamic Plan and declaration provided to me. I accept that All Disputes are subject to Chennai jurisdiction only.

For Office Use Only

____/____/____/____/____/____/____/____/____/____

.....
Date

.....
Signature of Applicant