



Noni Family Wellness Movement

TRANSFER APPLICATION

Transferor Details

Name of the Transferor :

Noni User Name

Noniology ID

Password

Noniology Password

Address

Telephone :

E-mail :

I hereby agree to transfer all my rights as distributor to the following person as per clause (17) of Distributorship Agreement. w.e.f. the day company transfer the distributorship

Date :

Place

Signature of transferor

Transferee Details

APPLICANT NAME

DATE OF BIRTH

SEX

 MALE FEMALE

OCCUPATION

 JOB BUSI PROF OTHERS

STATUS

 INDIVIDUAL PROPRIETOR

MAILING ADDRESS

CITY

STATE

PIN CODE

LANDMARK (PLEASE SPECIFY A LANDMARK NEAR YOUR ADDRESS FOR EASE OF DELIVERY)

TELEPHONE NUMBER (RESIDENCE)

TELEPHONE NUMBER (OFFICE)

MOBILE TELEPHONE NUMBER

STD CODE

PHONE NUMBER

STD CODE

PHONE NUMBER

E-MAIL ADDRESS

MOTHER NAME

RELATIONSHIP WITH THE TRANSFEROR

NOMINEE NAME

RELATIONSHIP

WRITE YOUR NEAREST HDFC BANK BRANCH TO RECEIVE YOUR COMMISSION D.D.

WRITE YOUR NONI USER NAME

● DO NOT USE SPACES IN YOUR USER NAME (WRITE 3 CHOICES)

1.

3.

I HEREBY ORDER FOR THE ABOVE MENTIONED PRODUCT PACK

2.

I AM ENCLOSING A D.D FOR Rs. 1,000/- FOR TRANSFER OF DISTRIBUTORSHIP IN FAVOUR OF M/s. NONI BIOTECH PVT. LTD.

PAYABLE AT CHENNAI. D.D NO. DATE BANK

"I request you to transfer the Distributorship from Mr./Mrs./M/s..... to me and register me as a Direct Independent Distributor of the Noni Family Business. 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. (Please sign the distributor agreement published on the website www.nonifamily.net) All Disputes subject to Chennai jurisdiction only.

For Office Use Only

Date

Signature of Transferee