

Product Order Confirmation Sheet

From (Name & Address)

To

Noni Family Wellness Movement
12, Rajiv Gandhi Road,
Perungudi,
Chennai - 600 096
Tamilnadu

Dear Sir,

I wish to purchase NONI products. My Distributor Details are as below.

Noni User Name	Distributor ID	Order ID

My **Order details** are as below

S.No.	Product	Qty	Rate	Total Amount
Total				

I am enclosing the following DD for Rs. towards the purchase of the above.

DD No. :

Bank drawn :

DD Date :

favouring **Noni BioTech Pvt. Ltd.** payable at.....

If you are purchasing from the nearest DSP in your area, Demand Draft should be in the name of the DSP's Name.

1. I understand that my participation in Noni Family Wellness Movement home based marketing programme is out of my free choice.
2. I understand that the purchase of Noni Product Package by me does not in any way guarantee any commission income. Only by myself participating in the Noni Family Business marketing plan and creating sales volume by recommending and retailing the Noni products will generate commission income.

The information provided above are correct.

Date :

Place :

Signature of the Applicant

Note :

1. Please send this copy along with the Demand Draft to Noni Office or DSP mentioning your Noni User Name, Noniology, ID and Order_ID on the reverse of the Demand Draft.
2. Please take copy of this page for your record.