Empower India Movement

Noni Family Wellness Movement

Application for Renewal of Distributorship and re-qualification

Name :

Distributor ID :

Expiry Date :

1. Renewal

I hereby apply to renew my **Noni Family Wellness Movement** Distributorship for one year, by paying Rs. 1000/-

Distributor ID :

Expiry Date :

2. Re-Qualification

A. ☐ I also wish to re-qualify for commission by purchasing Two Divine Noni Packs for retailing by paying Rs. 6390/-

B. ☐ I wish to re-qualify by making 2 direct personal sponsorship sales one on each team

3. I hereby enclose ..... Bank DD No. .....

Dated ..... for Rs. ..... favouring "Noni BioTech Pvt. Ltd." payable at Chennai towards the above.

I accept the terms and conditions of the current Distributor agreement and declaration published in the Website

Place :

Date : **Signature of the Distributor**

Noni Family Wellness Movement

A Unit Noni BioTech Pvt. Ltd.

12, Rajiv Gandhi Road, Perungudi, Chennai - 600 096.

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Please make Photo copies if required