



Indian NONI

Natural Food Supplement



From (Distributor Name and Address)

.....

To

Noni Family Business

A Unit of WebFund Foundation Pvt. Ltd
 55, Venkatarathnam Nagar,
 Kasthurba Nagar IIIrd Cross,
 Adyar, Chennai 600 020

Tel : 2445 4046, 5527 9203 Fax : 2445 3440

No. :

Distributor Order Form

Date :

Products	Distributor Price A Rs.	Quantity B	Amount A x B Rs.
1. Indian Noni Gold Concentrate pack of 3 Bottles 800 ml	3,000/-		
2. Indian Noni Gold Concentrate pack of 6 Bottles 400 ml	3,000/-		
3. Business Tools Pack	1,450/-		
		Total	

Rupees.....

Payment by Cash / D.D.No..... Bank

Date..... favouring

Distributor I.D. No.

Distributorship Application Form No.

Statement of Understanding

I, recognise that Indian Noni, is for distribution in the market as a Food Supplement. I understand and agree that I will not market Indian Noni as a medicine and it may only be marketed as a Food Supplement with no medicinal claims. I shall not suggest cure, remedy or relief of any disease or disorder to anybody.

I further understand that neither Health India Laboratories nor WebFund Foundation Pvt. Ltd., the manufacturer of Indian Noni, makes any claims of remedy regarding this product and produce no marketing materials or information that makes any such claims. Though there may be books and other materials in the marketplace and on the internet that suggest medicinal values of Noni and Morinda citrifolia, the Health India Laboratories and WebFund Foundation Pvt. Ltd. does not sell these materials or authorises any such claims.

All disputes are subject to Chennai Jurisdiction.

I attest that I have read and understood the Statement of Understanding given above.

_____ Date

_____ Distributor's Signature