Empower India Movement

# Noni Family Wellness Programme

## Application for Renewal of Distributorship and re-qualification

Name :

Distributor ID :

Expiry Date :

**1. Renewal**

I hereby apply to renew my **Noni Family Wellness Programme** 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 Indian Divine Noni Packs for retailing by paying Rs. 6000/-

**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 Family Business" payable at Chennai towards the above.

I accept the terms and conditions of the current Distributor agreement and declaration (Please sign the distributor agreement and declaration printed on the next page).

Place :

Date : **Signature of the Distributor**

WebFund Foundation Pvt. Ltd.
85, First Main Road, Gandhi Nagar, Adyar, Chennai – 600 020
Tel : 2440 4937 Fax : 2440 4935 E-mail : mail@indian-noni.net Website : www.nonifamily.net

Please make Photo copies if required