



Noni Family Wellness Movement

(A unit of Noni BioTech Pvt. Ltd.)

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Photo
(Face only)

No.

DISTRIBUTORSHIP APPLICATION

APPLICANT NAME

[Grid for Applicant Name]

DATE OF BIRTH

[Grid for Date of Birth: DATE, MONTH, YEAR]

SEX

[Grid for Sex: MALE, FEMALE]

OCCUPATION

[Grid for Occupation: JOB, BUSI, PROF, OTHERS]

STATUS

[Grid for Status: INDIVIDUAL, PROPRIETOR]

MAILING ADDRESS

[Grid for Mailing Address]

VILLAGE / TOWN / CITY

[Grid for Village / Town / City]

POST

[Grid for Post]

TALUK

[Grid for Taluk]

DISTRICT

[Grid for District]

STATE

[Grid for State]

PIN CODE

[Grid for Pin Code]

TELEPHONE NUMBER (RESIDENCE)

[Grid for Telephone Number: Area Code, Phone Number]

INCOME TAX PAN NO

[Grid for Income Tax PAN No]

MOBILE NUMBER

[Grid for Mobile Number]

E-MAIL ADDRESS

[Grid for E-Mail Address]

NOMINEE NAME

[Grid for Nominee Name]

RELATIONSHIP

[Grid for Relationship]

YOUR BANK NAME (For Commission Remittance)

[Grid for Your Bank Name]

BRANCH NAME

[Grid for Branch Name]

YOUR ACCOUNT No.

[Grid for Your Account No]

YOUR BANK IFSC CODE No.

[Grid for Your Bank IFSC Code No]

PLACE ME IN FIRST SECOND TEAM OF MY SPONSOR

YOUR SPONSOR'S NAME

[Grid for Your Sponsor's Name]

SPONSOR'S DISTRIBUTOR I.D. NUMBER

[Grid for Sponsor's Distributor I.D. Number]

WRITE YOUR PREFERRED NONI A/C NAME •DO NOT USE SPACES IN YOUR NAME (WRITE 2 CHOICES)

[Grid for Preferred Noni A/C Name: 1, 2]

I HEREBY APPLY FOR (PLEASE TICK ANY ONE)

- PREFERRED CUSTOMER
- FIVE STAR DISTRIBUTOR
- TEN STAR DISTRIBUTOR
- DIAMOND STAR DISTRIBUTOR
- MARKETING DISTRIBUTOR
- MEGA STAR DISTRIBUTOR
- SILVER STAR DISTRIBUTOR
- STOCKIST DISTRIBUTOR
- SUPER STAR DISTRIBUTOR
- GOLDEN STAR DISTRIBUTOR

I AM ENCLOSING A D.D. FOR Rs. IN FAVOUR OF NONI BIOTECH PVT. LTD PAYABLE AT CHENNAI

D.D. No. DATE BANK

ADDRESS PROOF DISTRIBUTOR ORDER FORM

I request you to register me as a distributor of the Noni Family Business Programme. 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 Dynamic Plan and Declaration, I have read, understood and accepted the distributor agreement Dynamic Plan and declaration provided to me. I accept that All Disputes are subject to Chennai jurisdiction only.

For Office Use Only

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Date Signature of Applicant