Divine Noni Business

No. 16, 5th Main Road, CBI Colony, Perungudi, Chennai - 600 096
E-mail : support@divinenoni.com Visit : www.divinenoni.co

Photo
(Face only)

No.

DISTRIBUTOR SIGNUP INFO

(TO BE SIGNED ONLINE)

APPLICANT NAME

DATE OF BIRTH: DATE MONTH YEAR

SEX: MALE FEMALE

OCCUPATION: JOB BUSI PROF OTHERS

STATUS: INDIVIDUAL PROPRIETOR

STREET ADDRESS

CITY

TALUK

DISTRICT

STATE

PIN CODE

TELEPHONE NUMBER (RESIDENCE): Area Code Phone Number

INCOME TAX PAN NO

MOBILE NUMBER

WHATSAPP NUMBER

E-MAIL I.D.

LANGUAGE

NOMINEE NAME

RELATIONSHIP

BANK

ACCOUNT No.

IFSC CODE

YOUR SPONSOR'S NAME

SPONSOR'S DISTRIBUTOR I.D. NUMBER

I HEREBY APPLY FOR (PLEASE TICK ANY ONE)

☐ **DISTRIBUTOR**

I AM ENCLOSING A D.D. FOR Rs. ..... IN FAVOUR OF **DIVINE WELLNESS NONI**

PAYABLE AT CHENNAI D.D. No. ..... DATE .....

BANK .....

☐ ADDRESS PROOF ☐ I.D. PROOF ☐ PAN CARD

Product Packages

400ml - 6 Bottles
Rs. 4,000/-

800ml - 3 Bottles
Rs. 4,000/-

I request you to register me as a Distributor of the Divine Noni Business. I certify that the information provided herein is correct to the best of my knowledge

For Office Use Only				

..... Date

..... Signature of Applicant