Divine Noni Business

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

TRANSFER APPLICATION

Transferor Details

Name of the Transferor :

Divine Noni User Name

Distributor ID

Address

Telephone :

E-mail :

I hereby agree to transfer all my rights as distributor to the following person as per clause (17) of Distributorship Agreement. w.e.f. the day company transfer the distributorship

Date : Place Signature of transferor

Transferee Details

APPLICANT NAME

DATE OF BIRTH	SEX	OCCUPATION	STATUS
DATE MONTH YEAR	MALE FEMALE	JOB BUSI PROF OTHERS	INDIVIDUAL PROPRIETOR

MAILING ADDRESS

CITY

STATE

PIN CODE

LANDMARK (PLEASE SPECIFY A LANDMARK NEAR YOUR ADDRESS FOR EASE OF DELIVERY)

TELEPHONE NUMBER (RESIDENCE) STD CODE PHONE NUMBER

TELEPHONE NUMBER (OFFICE) STD CODE PHONE NUMBER

MOBILE TELEPHONE NUMBER

E-MAIL ADDRESS

MOTHER NAME

RELATIONSHIOP WITH THE TRANSFEROR

NOMINEE NAME

RELATIONSHIP

WRITE YOUR DIVINE NONI USER NAME

- DO NOT USE SPACES IN YOUR USER NAME (WRITE 3 CHOICES)

1.

2.

3.

I HEREBY ORDER FOR THE ABOVE MENTIONED PRODUCT PACK

IAM ENCLOSING A D.D FOR **Rs. 1,000/-** FOR TRANSFER OF DISTRIBUTORSHIP IN FAVOUR OF **M/s. DIVINE WELLNESS NONI**

PAYABLE AT CHENNAI. D.D NO. ..... DATE ..... BANK .....

"I request you to transfer the Distributorship from Mr./Mrs./M/s..... to me and register me as a Direct Independent Distributor of the Divine Noni Business. 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. (Please sign the distributor agreement published on the website www.mydivinenoni.com)
All Disputes subject to Chennai jurisdiction only.

For Office Use Only	

Date Signature of Transferee