

Distributor Application Form

Form No. 11

bhairvi
B - WELLTHY

Use Capital Letters to fill-up this form & leave space between words. Use Ball Pen Only

Sponsor's Name

Sponsor's ID

Distributor's Name

Mr. / Mrs.

Date of Birth

D	D	M	M	Y	Y

Gender

Male

Female

Occupation

Co-Distributor's Name

Mr. / Mrs.

Date of Birth

D	D	M	M	Y	Y

Gender

Male

Female

Occupation

Address

Contact No.

Mobile

Off.

Home

e-mail

Pin

Bank Detail

Bank Name

Branch

A/c No.

Branch Code

IFSC/NEFT/
RTGS Code:

9-Digit MICR Code

PAN No.

Please attach a photo copy of PAN card
& blank cancelled Cheque (Mandatory)

The under sign Distributor acknowledges that he/she has read, understands and accepts all the terms & conditions on the back of the Application & Agreement form and the Business Plan & Agree to comply by all the terms laid down. Also agree to read & comply by the further amendments made by the company from time to time.

Date

Distributor's
Signature

Co-Distributor's
Signature

Bhairvi Wellness Private Limited

Regd. Office : 498-D, Defence Colony, Jajmau, Kanpur-208010-U.P. (India)

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