



Photo
(Face only)

30, Ramappa Nagar Main Road, Perungudi, Chennai - 600 096
E-mail : support@dnfworld.com Visit : www.dnfworld.com

No.

DISTRIBUTOR INFO FOR ONLINE SIGN UP

APPLICANT NAME

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

MAILING ADDRESS

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VILLAGE / TOWN / CITY	POST

TALUK	DISTRICT

STATE	PIN CODE

TELEPHONE NUMBER (RESIDENCE)	INCOME TAX PAN NO

MOBILE NUMBER	WHATSAPP NUMBER

E-MAIL I.D.	LANGUAGE

NOMINEE NAME	RELATIONSHIP

BANK

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ACCOUNT No.	IFSC CODE

YOUR SPONSOR'S NAME	SPONSOR'S DISTRIBUTOR I.D. NUMBER

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

1.	2.

I HEREBY APPLY FOR (PLEASE TICK ANY ONE)	
<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> STOCKIEST
I AM ENCLOSING A D.D. FOR Rs. IN FAVOUR OF WELLNESS NONI LIMITED	
PAYABLE AT CHENNAI D.D. No. DATE	
BANK	
<input type="checkbox"/> ADDRESS PROOF	<input type="checkbox"/> I.D. PROOF
<input type="checkbox"/> PAN CARD	
Product Packages <input type="checkbox"/> Package 1 - Rs. 5,300/- <input type="checkbox"/> Package 2 - Rs. 10,600/-	

I request you to register me as a distributor of the DNF World. I certify that the information provided herein is correct to the best of my knowledge

For Office Use Only				

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Date Signature of Applicant