

# DISTRIBUTOR - OPENING FORM

FOR INDIVIDUALS

(PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM)

# F001



**NATURA BIO SCIENCE MARKETING PVT. LTD.**

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## DETAILS OF APPLICANT

Name	<input type="text"/>																								
PAN Card Number (Must Provide Copy)	<input type="text"/>												Date of Birth (dd/mm/yyyy)	<input type="text"/>											
Res. Phone	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>												
Mobile #(10 Digits)	<input type="text"/>																								
Email ID	<input type="text"/>																								
Address	<input type="text"/>																								
	<input type="text"/>																								
	<input type="text"/>																								
District	<input type="text"/>												State	<input type="text"/>											

## DETAILS OF NOMINEE

Name	<input type="text"/>																							
Relationship	<input type="text"/>																							
Res. Phone	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>											
Mobile #(10 Digits)	<input type="text"/>																							

## DETAILS OF PLACEMENT

Name	<input type="text"/>	Mobile	<input type="text"/>	Placement's ID#	<input type="text"/>
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## DETAILS OF SPONSOR

Name	<input type="text"/>	Mobile	<input type="text"/>	Sponsor's ID#	<input type="text"/>
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## FAST TRACK PACKAGE

## VIRTUAL OFFICE PASSWORD (TEMPORARY) \*

\*Allows you to access your Virtual Office upon registration. When you log in, you may change the temporary password.

## BANK DETAILS OF THE APPLICANT

Name(s) on Account	<input type="text"/>																							
Bank Name	<input type="text"/>												Account Number	<input type="text"/>										
Branch Name	<input type="text"/>												IFS Code	<input type="text"/>										

NOTE: All distributor applications must have attached copies of PAN ID, proof of address (passport/ration card/driving license/voters ID), and bank pass book/ account statement with details of account and IFS CODE. Without these, the opening form will not be accepted. No Registration fees will be collected on registration.

I understand there is no financial requirement to become an Natura Bio Science Distributor. I also understand that Natura Bio Science does not guarantee any level of income to any distributor. Earnings from the Natura Bio Science business plan solely depend on sales and each distributor's skill, ability, team spirit and perseverance.

IMPORTANT NOTICE: Natura Bio Science Distributors are prohibited from listing, advertising, promoting, discussing, or selling any Natura Bio Science product, service or the business opportunity on any website or online forum that offers auction as a mode of selling (e.g., eBay, Amazon, etc.). Those found to be acting in violation of this policy are liable to legal action.

## TERMS AND CONDITIONS

I have received, have read, and agree to (i) the Terms and Conditions herein; (ii) the Business Plan; (iii) the Policies and Procedures. I agree to be bound by each of them. The Policies, Procedures and Business Plans are fully incorporated into this agreement by reference. In the event of any inconsistency between the above agreements, the General Manager of Natura Bio Science Marketing Pvt. Ltd. will take the appropriate decision and the decision will be binding on all the parties to the agreement.

Date

Signature of Sponsor

Signature of Applicant

## TERMS AND CONDITIONS

The applicant should be above the age of 18 years and holder of Permanent Account Number (PAN), under Section 139A of the Income Tax Act, 1961, Government of India.

The applicant should submit self attested copy of his/her PAN, address proof and a passport size photograph along with the application.

The applicant has to make his/her registration online. The registration will be approved only on receipt of the hard copy of duly filled application form with necessary proofs at the head office.

Only one registration will be entertained for one applicant.

The selected distributors should arrange the meeting with prior permission of the customer.

The selected distributors should make the customer understand that he/she can return the product within a period of 30 days from the date of delivery and get full refund of the price paid for the product, deducting the VAT component in the invoice value in the event that the product does not provide the declared/offered properties or benefits.

The selected distributors shall not indulge in offering unwarranted benefits on the product or the business plan of the company.

The selected distributors shall display his/her identity card when he/she is on his business meetings.

The selected distributors shall not misbehave with any public or pick up any argument with the customer.

The selected distributors are also eligible for sales incentives and bonuses for the sales made by his/her team as per prevailing company rules and subject to the rules and regulations stipulated by the authorities from time to time.

The selected distributor shall not engage in the business of other companies dealing with similar products.

## CHECKLIST

Before you send in your opening form, please tick (✓) to make sure that you have all the correct documentation / copies as attachment

PAN ID

Proof of address (any one of these)

Passport  Ration card  Driving License  Voters ID

Proof of Bank Account (any one of these)

Account Statement with Details of Account  Bank Pass Book

## DECLARATION

I ..... have understood the terms of my assignment and I agree to abide by the same.

I further understand that by accepting these terms I have entered into a contract with the company and the business plan sent by the company directly to me is the only document applicable.

I am aware that my income will be directly proportional to the sales volume made by me and those incentives / bonuses are based on the sales performance of the team members.

I shall not engage in any activity which may affect the reputation of the company.

Place :

Date :

Signature of the Applicant