

## BBCLITEONLINE PVT. LTD.

## 32, Anmol City, Khamariya, Jabalpur, M.P. (482005), India CIN - U51397MP2019PTC049240

## **DISTRIBUTOR APPLICANT FORM**

UPLINE NAME	UPLINE NUMBER	
PLEASE FILL THE FOLLOWING IN CAPITA	L LETTERS (FIRST NAME, SURNAME	AND DATE OF BIRTH)
Distributor's Name Mr./Ms./Mrs. (Please fill yo	our name as in your bank records).	
Address		
City State		
Nominee NameNominee A		
Telephone (please mention STD Code)		
Mobile E-	mail ID	
at back of this application and in 'Buisness Plan amendments made from time to time. The Distribut therefore binds himself/herself into a legal contract with aws. Further, the Distributor acknowledges and a Direct Selling Guidelines, 2016 issued by the Depaid govern the conduct and mode of buistany amount payable to the distributor as Commissiney are called, including I-Tax,GST,Professional be payable by the distributor as and (Please send a photocopy of your PANThe undersigned confirms that he/she here	for fully understands the implications of all the BBCLITEONLINE as per the Indian Contract Act. agrees that he/she shall read and abide by treent of Consumer Affairs and all amendment on/Bonus by the company is inclusive of all to sional Tax, Surcharges, Cess and other when they are required to be paid as Card & Bank Pass Book to us for up	term and conditions and 1872 and other applicable 'Business Plan' and the thereto (which shall also present contract). axes, by whatever name taxes. These taxes per prevailing laws. dating these details.)
hereby confirm that I have personally explained to	him/her about the company's policies and activite	es as per 'Business Plan'
He/She is willing to become a BBCLITEONLINE Distrib	outor after understanding the same.	
Dated Upline Signa	ature	passport size photo
Distributor's Signature		

www.bbcliteonline.com - bbcliteonline@gmail.com - TRCAPPLY