



**Instructions:**

Please read carefully all the terms & conditions on company website and consent all T&C before sign the form.

Please fill all the details with CAPITAL LETTERS only.

**Membership Application Form**

For Office Use Only

Membership ID: \_\_\_\_\_  
Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Department:</b>	<b>PROMOTION &amp; DISTRIBUTION</b>
<b>Sponsor ID:</b>	_____
<b>Sponsor Name:</b>	_____

Please Affix your Photo

Reference No. \_\_\_\_\_

Registered Mobile No. \_\_\_\_\_

Registered Email ID \_\_\_\_\_

**1. PERSONAL DETAILS:**

Name of the Applicant \_\_\_\_\_

Gender:  M  F

Father's /Husband's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age (In Years) \_\_\_\_\_

Married:  Y  N

PAN No. \_\_\_\_\_

Aadhar No. \_\_\_\_\_

Occupation \_\_\_\_\_

Qualification \_\_\_\_\_

**2. BANK DETAILS:**

Bank A/c No. \_\_\_\_\_

IFS Code \_\_\_\_\_

Name as per Bank A/c \_\_\_\_\_

BankName \_\_\_\_\_

BankAddress \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_

**3. NOMINEE DETAILS:**

Nominee Name \_\_\_\_\_ Relation to Applicant. \_\_\_\_\_

Father/ Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. COMMUNICATION DETAILS:**

Current Residential Address \_\_\_\_\_

City \_\_\_\_\_ Post \_\_\_\_\_ Tehsil \_\_\_\_\_

Dist. \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_

Address \_\_\_\_\_ as \_\_\_\_\_ per \_\_\_\_\_ Documents \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_

Tel. No. \_\_\_\_\_ Other \_\_\_\_\_

**Self-Declaration**

I \_\_\_\_\_, Son / Daughter of \_\_\_\_\_  
age \_\_\_\_\_ years, resident of \_\_\_\_\_ in the State of \_\_\_\_\_, INDIA,  
do hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that if the information given by me is proved false / not true at any point of time, I will have to face punishment as per any provision of Law for the time being in force as well as the benefit availed of by me or the benefit accrued to me shall be summarily cancelled.

Date

Place

Signature of Applicant