

REGISTRATION FORM

Applicable for 18 years above

Affiliate registration is subject to company's terms and conditions. We reserve the right to reject any registration without reason.

Full NAME:

BUSINESS ID NAME:

Less than 12 letters

IC /PAN/ PASSPORT No:

DOB:

(MOBILE NO):

(E-MAIL):

MAILING ADDRESS:

BANK NAME:

BANK ACCOUNT NO:

BRANCH:

BRANCH CODE:

NOMINEE/BENEFICIARY NAME:

RELATIONSHIP:

ENTRY PACKAGE:

1 BC 4 BC 7BC 10 BC

TOTAL AMOUNT: _____

PAYMENT MODE:

CASH:

BANK IN/TRANSFER:

DETAIL: _____

OTHER:

PLEASE SPECIFY: _____

Introducer : _____

PLACEMENT:

Upline: _____

Leg: _____

KEY IN BY: _____

BUSINESS ID: _____

DATE: _____ **TIME:** _____

REMARKS:
