

Easycare Consumer Solution Pvt. Ltd.

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Web: www.easycare.co.in, Email: cceasycare@gmail.com

ID No.				

Photo

Distributor Application

<u> </u>	Approacion					
APPLICANT'S INFORMATION						
Please Tick () your category Individual Proprietorship Partnership	Proprietorship/Partnership Frim Name					
Name of Applicant	Date of Birth of Applicant					
Father's/Husband's Name	D. Latino					
Name of Nominee	Relation					
ADDRESS DETAILS						
Communication Address						
Town/Village	Post					
Tehsil	District					
PIN Code State						
Telephone (Residence) STD Code & Phone Number Telephone (Office) STD Code & Phone Number	STD Code & Phone Number Mobile Number					
Photo Identity Proof, Address Proof, Age Proof (Please attach hard copy) Ration Card Driving License Passport Election Card UID /Aadhar Card PAN Card Any Othre						
SPONSOR DETAIL						
Name of Sponsor	ORG 1 ORG 2 Sponsor ID					
PAYMENT INFORMATION						
Type of Package In words						
Bill No.	Date Date					
This application form, if fully completed signed by the applicant and when acconditions specified on the reverse side.	cepted by the company to enter into the distributor agreement under the terms &					
Sponsor Declaration:	Applicant Declaration :					
Verify that the information provided by applicant is true & I know him personally. Nothing stated therein is false and nothing has been suppressed.	I/We have read this agreement form before sing and to be bound by the terms & condition mentioned therein. I/we certify that the information provided herein is correct to the best of my/our Knowledge.					
Date Signature	Signature					
	Kindly term over for terms condition.					