

DISTRIBUTER APPLICATION

1. SPONSOR INFORMATION :-

Sponsor Name : Sponsor ID :

2. APPLICANT INFORMATION :-

Name :
 Father/Husband Name :
 Email Id :
 Mobile No. :
 Sex : Male ☐ Female ☐
 DOB :
 Pan No. :
 Aadhar No. :

Applicant
Photo

3. NOMINEE :-

Name :
 DOB :
 Relationship :

4. ADDRESS DETAIL

Village/City : Post :
 Block : Dist :
 State : Pin Code

5. ACCOUNT DETAIL

Account Holder :
 Account No. :
 Bank Name :
 Branch : IFSC

6. PRODUCT ORDER

| S.No. | Product Name | Quantity | Rate | Amount |
|-------|--------------|----------|-------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| | | | TOTAL | |

Declaration :-

- * The above information given by me is true. If There is any kind of error, then I will be fully responsible.
- * I have studied the company website: asronline.in and accept the terms and conditions given in it.
- * I have decided to Purchase the company's Product at my discretion and I am also aware of the company's plan.

Witness Sign.

Name :
 Place :

Signature of Applicant