

**PARAMSTRONG LIFECARE PVT. LTD.**

1st Floor 104, Archana Tower
Teli Mohalla, Madanganj-Kishangarh
Distt.-Ajmer (Rajasthan) 305801
Tel.: +91 89055 13535

OFFLINE

IDENTIFICATION NUMBER

The number above will be my Paramstrong lifecare ID Number
once this Application is accepted

AFFIX PHOTO
(3.5cmX4.5cm)

Spouse's Photo

PARAMSTRONG LIFECARE PVT. LTD. APPLICATION AND AGREEMENT

This Application must be completed accurately and in its entirety in order to be considered by Paramstrong Lifecare Pvt. Ltd

APPLICANT INFORMATION

First Name Middle Name Last Name

*Prior to commencement of food business it is mandatory to obtain FBO registration/license

Residential Address (P.O Boxes are not accepted)

City Sate PIN Code

Country Code Area Code Day Phone Country Code Mobile Phone

Country Code Area Code Evening Phone

By providing your phone number you have consented to receive telephonic
Communication and thus override your registration under DND.

Email Address your email address must be unique and not shared by another Associate By providing your email address, you have consented to receive commercial email communication from Paramstrong lifecare

Date of Birth (month-spelled out) (day) (year) (age)

Please tick applicable document : Proof of address/proof of identity - voter ID ☐ Ration card (only if it contains applicant's)
Photography) ☐ Aadhar Card ☐ Drivers License ☐ Passport ☐ PAN Card ☐
Attach copy of document along with the application. If PAN is attached please include one document for address as mentioned
above. BankPhone Bills ☐ from Government owned telecom companies If PAN is attached please include one document for address as mentioned above.

Applicant's Aadhar Card No. Applicant Pan Card No. FSSAI Registration number (Mandatory)*

Bank Account Name Bank IFSC Code Bank Account No.

Spouse's Last Name First Name Middle Name

* Spouse's name is for recognition purpose only and is not an indication of ownership or entitlement.

SPONSOR'S INFORMATION

sponsor's Name (print)

Phone

P S

Sponsor's Paramstrong lifecare ID Number

ORGANIZER 'S INFORMATION

sponsor's Name (print)

Phone

P S

Paramstrong lifecare Organizer ID Number

A Associateship

1. Becoming a Associate : I hereby apply to be an Associate of Paramstrong lifecare on the terms and conditions set forth below and in the "Materials" (as defined below) I will become an Associate only when this Application is accepted by Paramstrong lifecare in its sole and absolute discretion by entering my Associateship into in records at Paramstrong lifecare Office In India. Until then I am granted a limited, revocable right to buy and. If I choose, to resell Paramstrong lifecare @ Products.

2. Prior Associateship or Participations : I acknowledge that the Rules of Contact require One-year period of inactivity following: resignation of any prior Associateship or if my spouse or i previously owned or assisted in the operation of an Paramstrong lifecare Associateship or Distributorship, I will complete the following information which I represent and warrant is true:

Prior Associateship ID: _____ Name _____ Application Date: ____/____/____ connection with that Associateship ____/____/____
Month Day Year Month Day Year

I hereby acknowledge that I have reviewed and understand this Paramstrong lifecare Associateship Application and Agreement, including all of the documents defined herein as "Materials" which are incorporated herein, and that I agree to be bound by all of them.

Applicant's Signature: _____
Month Day Year

REGISTERED OFFICE : PARAMSTRONG LIFECARE PVT. LTD., Archana Tower, Teli Mohalla, Madanganj-Kishangarh Distt.-Ajmer (Rajasthan) 305801 Tel.: +91 89055 13535

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