



(An ISO 9001 : 2008 Certified Company)

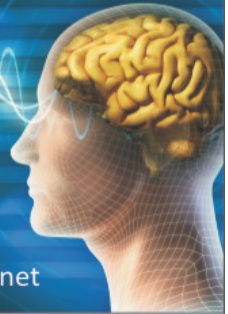
Sixth Sense Activation Workshop

Aimlife Multitrade Pvt. Ltd.

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Phone : (0343) 2543588 , Mob. 8170011664

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FRANCHISE FORM

APPLICANT INFORMATION

APPLICANT NAME _____

FATHER / HUSBAND'S NAME _____

GENDER : Male Female Applicant's Date of Birth.

Applicant's PAN Number

ADDRESS _____

TOWN / CITY _____ DIST. _____

STATE _____ PIN CODE Mobile No

OCCUPATION _____ E- mail : _____

Paste your
Passport Size
Recent Photo
Here

APPLICANT'S BANK ACCOUNT DETAILS:

Bank Name _____ Branch Name _____

Account Number _____ IFSC Code _____

NOMINATION DETAILS

Nominee Name _____ Relationship _____

Being above 18 years of age I have attended your Organisation Seminar, and have received and read, has been read over to me and explained in a language which I understand/the business plan / terms and conditions / rules and regulations and Agreement and having understood the details, agree to abide by them and therefore wish to join you Organisation as "Aimlife Independent Representative" The further details required by you are given as under along with CREDIT CARD/DEMAND DRAFT for the Product Price and Business Pack, in full. I Understand that Octroi or any other local levy on the product (wherever applicable) will be borne by me.

PLACEMENT INFORMATION

Sponsor's Name : _____ Sponsor's ID No. : _____

DECLARATION:-

1. I / We declare that the aforesaid information furnished by me / us are correct.
2. I / We have gone through the clauses of the TERMS & CONDITIONS given overleaf carefully & agree to abide by the same.
3. I / We undertake that any violation / non – compliance on my / our part will entitle to terminate my / our AUTHORISATION immediately without assigning any reason as well as any legal proceedings required for such termination.

Date _____

Signature

(For Office Use Only)

Name : _____

Login ID. _____

Signature of

Authorised Person : _____