## **ASSOCIATE APPLICATION FORM**



F - 468, Industrial Focal Point, Phase - 8 B, Mohali, Punjab - 160071 email : sales@lbnherbonics.com | www.lbnherbonics.com

(Please use BLOCK letters only)				
Application date D D M M Y Y Y Y Application No.				
RANK APPLIED FOR (Tick appropriate box)				
1 Sales Executive 2 Sales Officer 3 Sales Manager 4 Sr. Sales Manager				
5 Ar.Sales Manager 6 Reg. Sales Manager 7 Zonal Sales Manager 8 National Sales Manager				
PERSONAL DETAILS Applicant				
PREFIX FULL NAME (please leave one space between words)				
DATE OF BIRTH D D M M Y Y Y GENDER M F O AADHAAR No. 1914				
PAN NO. (FORM 60/61) AADHAAR No. 1918				
Y N (IF PAN NOT AVAILABLE)				
MAILING ADDRESS				
Address 1				
Address 2				
City State State				
Pin Code Mobile Mobile				
E-mail ID.				
PERMANENT ADDRESS				
Address 1				
Address 2				
City State State				
Pin Code				
NOMINATION				
Name of Nominee				
Relation Date of Birth D D M M Y Y	Y			
BANK DETAILS				
ACC. NO. TYPE CURRENT :	SAVING			
BANK NAME				
IFSC CODE BRANCH BRANCH III				
INTRODUCER'S DETAILS				
Name				
Rank Code				
Code				

## **Joining Terms & Conditions**

- I shall become an advisor upon acceptance of this application by LBN Herbonics and not an employee, agent of the company.
- As an advisor I shall have the right to present / market the services and products offered by LBN Herbonics according to the marketing and compensation plan and statement of the policy, which may be amended from time to time, at its sole discretion.
- It is my duty to understand and learn the business plan by literature / seniors / training seminars etc.
- I know that the figures, numbers and examples used in any literature or business compensation plan are just for demonstration and illustration purpose only.
- I also agree that LBN Herbonics can use my name and Photo for promotions / demonstration or advertisement purpose without compensation for the same.
- I understand that LBN Herbonics' Management has all the rights to deduct any due, fee or penalty from the compensation payable to me by default.
- I understand that all the commissions, benefits earned will be paid only after the processing cycle of the closing.
- All the advisors has same rights to do the business with LBN Herbonics, however they are designated or promoted by their business calibre.
- Lauthorized LBN Herbonics' Management to deduct and issue consolidated tax deduction at source (TDS) certificate at the end of the financial year.
- Providing a self-attested copy of PAN within 1 month of my joining at LBN Herbonics is my responsibility and any penalty (fixed by Income Tax Department) due to non-providing PAN shall be payable by me. Also that if I fail to provide PAN card, Company will not issue me the TDS Certificate for that Financial Year's. No commissions released without PAN card.
- LBN Herbonics' management has all the rights to change, amend, alter, add and delete any existing term due to reasonable circumstance without any prior notice or explanation.
- lagree to receive any kind of promotional / informational SMS, email and newsletter.
- Under the circumstance of any dispute between company and advisor, company's decision remains enduring on me.
- My association can be terminated by the company and no compensation of any type will be continued In case of fraud in any nature made by me.

agree to be bou		d conditions governing my association with LBN Herbonics. I accept and understand that company may at its absolute discretion discontinue my
<b>Declaration For</b>	Thumb Impression/Signing In Vernacular La	anguage
l	S/o D/o W/o	hereby certify that i have read out the terms and
conditions ment	tioned above to Mr./Mrs./Miss	and he/she has understood the same. Further, I
would also like to certify that Mr./Mrs./Miss		have affixed his/her thumb
whatever I have	estated herein above is true and correct to the	B
		<u></u>
Cada Allawad		
Code Allotted		Dated D D M M Y Y Y Y
Checked By		Allotted By
	rure .	ture -