

SPONSOR ID

SPONSOR NAME

(PLEASE FILL THE FOLLOWING AS PER BANK RECORD IN CAPITAL LETTER)

STORE OWNER NAME

STORE NAME

STORE TYPE ZENNESA ID

COMPANY/FIRM/BUSINESS REGISTRATION NO.

ADDRESS.....

CITY.....DISTRICT.....STATE.....PIN CODE.....

MOBILE NO E MAIL ID.....

GST NO.

PAN NO. TIN NO.

BANK NAME BRANCH NAME

A/C NO. A/C TYPE IFSC CODE

STORE DETAILS

STORE COVERED AREA (SQ. FT) OFFICE AREA (SQ. FT)

MEETING AREA (SQ. FT) OTHER FACILITIES

STORE NAME

STORE TYPE ZENNESA ID

COMPANY/FIRM/BUSINESS REGISTRATION NO.

ADDRESS.....

CITY.....DISTRICT.....STATE.....PIN CODE.....

PROPOSED TERRITORIAL JURISDICTION

CITY.....DISTRICT.....STATE.....PIN CODE.....

FIRST ORDER AMOUNT MODE OF PAYMENT

NEFT/RTGS DEMAND DRAFT NO.

BANK NAME..... UTR NO.

DATE

STORE OWNER'S SIGNATURE

I/We Residing At The Above Mentioned Address Formally Signify My Interest To Apply For A Zennesa Wellness Store At The Above Address Of Territory. I/We Acknowledges That I/We Fully Understands All The "Terms And Conditions Mentioned Herein At The Back Of This Application And As Well As On www.zennesawellness.com And Hereby Agrees To Comply By All Terms Laid Down And Further Amendments Made From Time To Time. I/We Fully Understands The Implications Of The Terms And Conditions And Therefore Binds Me/Us Into A Legal Contract With Zennesa Wellness As Per The Indian Contract Act, 1872 And Other Applicable Laws.

Any Amount Payable To The Mini Store Partner As Commission/Incentive By The Company Is Inclusive Of All Taxes, By Whatever Name Called, Including I.Tax, GST, Professional Tax, Surcharge, Cess And Other Taxes. These Taxes Shall Be Payable By The Mini Store Partner As And When They Are Required To Be Paid As Per Prevailing Laws.

I/We Hereby Declare That The Above Information Provided By Me/Us Are True And Correct To The Best Of My/Our Knowledge And The Company Reserves The Right To Disapprove My/Our Application For Any Misrepresentation Thereof, And/Or Cancel The Zennesa Wellness Store Memorandum Of Agreement For Any Violation Of The Above Policies, Rules And Regulation Committed By The Undersigned.

1/ We Further Declare That The Information Given Are True And Shall Undertake To Promptly Inform Your Company Of Any Change Thereof And We Undertake To Furnish You Further Information Required.

Please Upload Or Email Or Send Us Self Attested Photocopy Of Your Kyc Document (Aadhar, Voter Id, Driving License, Passport), Address Proof And Pan Card + Bank Pass Book + Gst (If Applicable) + Tin (If Applicable) For The Proceeding Of Your Zennesa Wellness Store Application.

The Undersigned Sponsor/Introducer Confirms That He/She Has Not Have Zennesa Wellness Store Under Any Other Zennesa Wellness Business Network. I Hereby Confirm That I Have Personally Explained To Him/Her About The Companys Policies, Rules And Regulations As Per The Rules. He/She Is Willing To Become A Zennesa Wellness Store Partner After Understanding The Same.

SPONSOR'S SIGNATURE

DATE

STORE OWNER'S SIGNATURE