



# AXIL CORE BUSINESS [P] LTD.

Regd. Office: Mata Parvati Apartment, Shop No.6, Pune Link Road (East), Mumbai-421606  
 Corp. Office: Royal Arcade, 565-ka-94/2, Sneh Nagar, Alambagh, Lucknow (U.P.) - 226005  
 http:// www.axilbusiness.com, Email: info@axilbusiness.com  
 Toll free No. 1800 200 4556

Affix Your  
Passport Size  
Photo

An ISO 9001:2008 Certified Company

(Please Fill in English Block Letters. Incomplete forms may not be accepted)

BILL NO:-

## APPLICATION FORM/ आवेदन-पत्र

आवेदक का नाम

Applicant's Name

पुत्र/पुत्री/पत्नी

S/o/ D/o/ W/o:

जन्म तिथि

Date of Birth

पत्रचार के लिये पता

Mailing Address

सम्पर्क सूत्र का विवरण

Contact Details

बैंक का विवरण

Bank Details

उत्तराधिकारी का विवरण

Nominee's Details

परिचायक का नाम

Sponsor's Name

अपलाईन का नाम

Referred Name

घोषणा

Declaration

First Name/प्रथम नाम

First Name/प्रथम नाम

Last Name/अंतिम नाम

Last Name/अंतिम नाम

Should be 18 years or above/ 18 वर्ष या उससे अधिक

Marital Status/ वैवाहिक स्थिति

Pan Number/ पैन नम्बर

House or Flat Number/ घर या फ्लैट नम्बर

Area/Ward Number/ इलाके या वार्ड का नम्बर

Tehsil /प्रान्त

District/जिला

State/ राज्य

Pin Code/ पिन कोड



STD Code No.

Land Line or Mobile No (Resi.)

STD Code No.

Land Line or Mobile No (Office)

Personal Mobile Number

Email Address/ ई मेल

Bank Name / बैंक का नाम

Branch/ शाखा

Account Number/ खाता संख्या

IFSC Code/ आई. एफ. एस. सी. कोड

First Name/ प्रथम नाम

Last Name/ अंतिम नाम

Relationship with Application / आवेदक के साथ रिश्ता

Nominee Date of Birth / उत्तराधिकारी की जन्म तिथि

First Name/ प्रथम नाम

Last Name/ अंतिम नाम

First Name/ प्रथम नाम

Last Name/ अंतिम नाम

Sponsor ID No./ (नियोजक आई0 डी0 नम्बर)

Referred ID No./ (अपलाईन आई0 डी0 नम्बर)

I have read and understood the contents of the business manual. I agree to abide by the same.

मैंने कम्पनी के कारोबार प्रोत्साहन पुस्तिका के सभी तथ्यों को पढ़ व समझ लिया है और मैं सभी तथ्यों का पालन करने के लिए सहमत हूँ।

All informations given above are factually correct.

उपरोक्त दी गई सभी जानकारी मौजूदा समय में सही है।

Note K.Y.C. Document is required.

Signature of Introducer \_\_\_\_\_

अपलाईन के हस्ताक्षर

Signature of Applicant \_\_\_\_\_

आवेदक के हस्ताक्षर

For office use only:

Cash:

DD No. \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID No. \_\_\_\_\_

"BEING KIND"  
an initiative of  
Axil Family.

Your Blood Group.

आपका रक्त समूह

Are you interested for Blood Donation ?

क्या आप आवश्यकता पड़ने पर रक्त दान के इच्छुक हैं? हाँ ☐ नहीं ☐

Do you want to donate your useless & old wearing clothes for poor & needy people ?

क्या आप अनुपयोगी एवं पुराने कपड़े जरूरतमंदों को दान देने में इच्छुक हैं ?

हाँ ☐ नहीं ☐

## DISTRIBUTOR AGREEMENT / TERMS & CONDICTIONS

1. I hereby confirm that I have attend the age of 18 years prior to my application for distributor registration to Axil Core Business Private
  2. I shall become distributor upon acceptance of this application by Axil and not an Employee, Agent ort to be Partner of the Company. As a distributor I shall have the right to present / Market the Services and Products offer by Axil in accordance with the Marketing and Compensation Plan and Statement of the Policy, which may be amended from time to time by the Excel, at this sole discretion.
  3. I have carefully read and understood the Axil Marketing Plan and statement of Policies and acknowledge that they are incorporated as part of this agreement in their present form and as modified from time to time by Axil at it sole discretion.
  4. I understood that the distributor in Axil, I have to follow the Marketing System designed / approved / amended from time to time. It is my duty to know to update and understand system related information available through news letter or Axil website.
  6. I agree to pay all State, Federal and Provincial Taxes resulting from activities as a Distributor. All Taxes are to be calculated and deducted from the earned commissions. Also I authorize Axil to me the consolidated tax deducted at Source (TDS) Certificate at the end of the Financial Year. Providing a Self attested copy of PAN within one month of my joining at Axil is my responsibilities 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 by 31<sup>st</sup> March of the Financial Year, Axil will not issue me TDS Certificate for the that Financial Year.
  7. I understand that the commissions are paid to Distributor only from actual sales made / marketed by my team of Axil under Axil Compensation Plan.
  8. I also agree that Axil can use my name and Photo for promotions / demonstration or Advertisement propose and I will not claim or ask for compensation in any form, for the same.
  9. It is my duty to understand and learned the business plan with the help of upline/business seminar/Training Program. I know acknowledge that my improve personality and leadership quality will help my Team's performance, therefore I shall participate and follow the Axil Design (for Modified) system of events.
  - 10.The figures and numbers used in presenting the compensation plan are just for the demonstration and illustration propose only
  - 11.Distributors shall not sell anysell any Axil Product for a price exceeding the Maximum Retail Price (MRP) but may sell any Axil Product for a price lower than MRP.
  - 12.The Axil shall deduct the TDS charges / Service tax (if applicable) from the incentive to be made to the distributor as per the Government rules.
  - 13.Axil shall be entitled to deduct the amount from commission due, distributor default on payments due on purchases or any other payables. In addition, defaults on payments due for the purchase from Axil shall be basis for termination of distributors and / or such legal action, as the Axil dreams appropriate.
  - 14.All commission, benefits earned will be paid only after the processing or closing of cycle.10.Each distributor shall have the individual identity to deal with the Company.
  - 15.Axil will not be responsible for any delay and in failure in performance which is beyond the control of the Axil through changes in Government Policies.
  - 16.Axil reserves the right to change, alter, amend, add, delete, erase, any exciting term in any circumstances as per the wish and desire of Axil without given any explanation to the distributor.
  - 17.A distributor will not make medical claims for any Axil product nor specifically product as suitable for the treatment of any specific ailment under no circumstances should Axil product likened to drug products prescribed for medical or ailment treatments.
  - 18.I acknowledge that I have bought products from Axil as a free decision. The product bought is not under any false impression or for any projected conditions.
  - 19.I release Axil from all liabilities against payment made by me because I have live the product and have bought them on my free will.
  - 20.Axil and their service provider are entitled to make calls and send promotional messages on my mobile number.
  - 21.Re-packing of any Axil product is forbidden.
  - 22.Any dispute, differences or claim arising of this agreement shall be submitted to binding arbitration and shall be referred to the sole Arbitrator appointed in accordance with Arbitration and Conciliation Act. 1996. The place of arbitration shall be Lucknow, (U. P.), India and subject to Jurisdiction of Lucknow Courts.
  23. Each distributor shall have the individual identity to deal with the Company.
- I acknowledge that I have read ,understood and agree to the terms & set forth in this agreement.

### Applicant's Signature

Applicant's Name.....Date :.....Place:.....

### Declaration By Introducer

I have clearly explained the terms & Conditions to the applicant in the language which is best understood by her/him.

**Introducer's Signature**