-: DISTRIBUTOR FORM :-



MULTITRADE

NO REGISTRATION FEE

TO BE FILLED UP BY THE SPONSOR

Sponsor User ID	:	Sponsor Name :
Sponsor City	:	BMM Rank :
Select Placement	:	☐ Left Team ☐ Right Team
	KIN	DLY PROVIDE THE FOLLOWING INFORMATION
Registration Type	:	☐ Individual ☐ Business Entity
Gender	:	☐ Male ☐ Female ☐ Others
Customer Name	:	
Date Of Birth	:	D D M M Y Y Y Y
Mobile No.	:	
Whatsapp No.	:	
E-mail ID	:	
Address	:	
State	:	PIN:
Select Password	:	
□ I hereby acknowledge that I have completely read and fully understood the Contract Agreement: Code of Ethics and Code of Conduct of Basudhamax Multitrade Private Limited (BMM) and I voluntarily agree to be bound by them in letter and spirit, while operating my independent business.		
PLACE		DATE SIGNATURE

HEAD OFFICE

CORPORATE OFFICE