



**STRONGLIFE NUTRITION PVT. LTD.**

C.B. Complex Ramner  
Chouraha Bypass  
Madanganj-Kishangarh  
Distt.-Ajmer (Rajasthan) 305801  
Tel.: +91 7300033633



**RADICALIFE NUTRIENT**

OFFLINE

IDENTIFICATION NUMBER

The number above will be my Stronglife Nutrition ID Number once this Application is accepted

AFFIX PHOTO  
(3.5cmX4.5cm)

Applicant's Photo

AFFIX PHOTO  
(3.5cmX4.5cm)

Spouse's Photo

**STRONGLIFE Nutrition APPLICATION AND AGREEMENT**

This Application must be completed accurately and in its entirety in order to be considered by Stronglife Nutrition

**APPLICANT INFORMATION**

First Name										Middle Name										Last Name									

\*Prior to commencement of food business it is mandatory to obtain FBO registration/license

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Residential Address (P.O Boxes are not accepted)

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City State PIN Code

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Country Code Area Code Day Phone Country Code Mobile Phone

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Country Code Area Code Evening Phone

By providing your phone number you have consented to receive telephonic communication and thus override your registration under DND.

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Email Address your email address must be unique and not shared by another Associate By providing your email address, you have consented to receive commercial email communication from Stronglife Nutrition

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Date of Birth (month-spelled out) (day) (year) (age)

Please tick applicable document : Proof of address/proof of identity - voter ID  Ration card (only if it contains applicant's Photograph)  Aadhar Card  Drivers License  Passport  PAN Card   
Attach copy of document along with the application. If PAN is attached please include one document for address as mentioned above. BankPhone Bills:  from Government owned telecom companies Attach copy of document along with the application. If PAN is attached please include one document for address as mentioned above.

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Applicant's Aadhar Card No. Applicant Pan Card No. FSSAI Registration number (Mandatory)\*

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Bank Account Name Bank IFSC Code Bank Account No.

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Spouse's Last Name First Name Middle Name

\*Spouse's name is for recognition purpose only and is not an indication of ownership or entitlement.

**SPONSOR'S INFORMATION**

Sponsor's Name (print) \_\_\_\_\_  
Phone \_\_\_\_\_  
S L \_\_\_\_\_  
Sponsor's Stronglife Nutrition ID Number

**Referral 'S INFORMATION**

Referral's Name (print) \_\_\_\_\_  
Phone \_\_\_\_\_  
S L \_\_\_\_\_  
Stronglife Nutrition Referral ID Number

**A Associateship**

**1. Becoming a Associate :** I hereby apply to be an Associate of Stronglife Nutrition on the terms and conditions set forth below and in the "Materials" (as defined below) I will become an Associate only when this Application is accepted by Stronglife Nutrition in its sole and absolute discretion by entering my Associateship into in records at Stronglife Nutrition Office In India. Until then I am granted a limited, revocable right to buy and. If I choose, to resell Stronglife Nutrition Products.

**2. Prior Associateship or Participations :** I acknowledge that the Rules of Contact require One-year period of inactivity following: resignation of any prior Associateship or if my spouse or i previously owned or assisted in the operation of an Stronglife Nutrition.associateship or Distributorship, I will complete the following information which I represent and warrant is true:

Prior Associateship ID: \_\_\_\_\_ Name \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ connection with that Associateship \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

I hereby acknowledge that I have reviewed and understand this Stronglife Nutrition Associateship Application and Agreement, including all of the documents defined herein as "Materials" which are incorporated herein, and that I agree to be bound by all of them.

Applicant's Signature: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
Month Day Year

