

## **DIRECT SELLING DISTRIBUTORS WELFARE ASSOCIATION**

109, First Floor, Vardhman Key Point Plaza, Plot No. 1, Sector 6, Local Shopping Centre (Near DAV Public School), Dwarka, New Delhi-110075

Email: admin@dsdwa.org | URL: www.dsdwa.org

## **DSDWA AGENCY APPLICATION FORM**

Name\*

Father's Name\*

Date of Birth\*

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- 5.15 5 5.1					
Full Address*					
Working Experience in the industry*	0 0 Years	<b>√</b>	Full time	<b>√</b>	Part time
Education*					
Name of Company Presently working*					
Detail of authorised person of the Company for Application scrutiny	Name Designation Email				
e Mail of the Applicant					
Mobile No.					
nereby declare that the infire Laws/Terms & Conditio					
Use : Agency Code :			Date :		
	Working Experience in the industry*  Education*  Name of Company Presently working*  Detail of authorised person of the Company for Application scrutiny  e Mail of the Applicant  Mobile No.  atory Fields  hereby declare that the infine Laws/Terms & Condition dertake to abide by them.	Working Experience in the industry*  Education*  Name of Company Presently working*  Detail of authorised person of the Company for Application scrutiny  e Mail of the Applicant  Mobile No.  atory Fields  More Presently working*  Name  Designation Email  Email	Working Experience in the industry*  Education*  Name of Company Presently working*  Detail of authorised person of the Company for Application scrutiny  e Mail of the Applicant  Mobile No.  atory Fields  mereby declare that the information furnished above Laws/Terms & Conditions of Association mendertake to abide by them.	Working Experience in the industry*  Education*  Name of Company Presently working*  Detail of authorised person of the Company for Application scrutiny  e Mail of the Applicant  Mobile No.  atory Fields  mereby declare that the information furnished above is true, the Laws/Terms & Conditions of Association mentioned on the dertake to abide by them.	Working Experience in the industry*  Education*  Name of Company Presently working*  Detail of authorised person of the Company for Application scrutiny  e Mail of the Applicant  Mobile No.  atory Fields  mereby declare that the information furnished above is true, and I be Laws/Terms & Conditions of Association mentioned on the fandertake to abide by them.

## **TERMS & CONDITIONS FOR AGENCY RESPOSIBILTY**

- 1. The data in all fields marked with \* mandatory for registration.
- 2. The application will be subject to the scrutiny and cross check by the direct selling company, where working and the approval is subject to the favourable report of the authorised person of the company.
- 3. Once approved, an Agency Login will be created after the deposit of minimum 100 registration amount, viz, `15000 in the following account:
- 4. The agency owner will collect self certified copy of PAN card and ADHAR Card (if available) from the prospective member before registration.
- Once submitted, the registration cannot be altered. Kindly double-check before submission.
- 6. The Agency Owner will collect membership fee of `150 is valid for one year from the date of registration, which is non-refundable/non-transferable and cannot be cancelled. The same shall be debited form his credit limit. The credit can be renewed by depositing more funds after the limit is exhausted.
- 7. The annual subscription does not bind the Association for mediation in settling the individual disputes of DSD with company(ies) or fellow DSDs or government / non-government agencies.
- 8. If any malfunctioning or mis-conduct is reported against any Agency Owner, the company will be asked to assist DSDWA for his/her removal and recovery of amount of unregistered persons held by the Agency Owner.
- 9. The Association reserves the right of alteration the annual subscription reserved without any prior notice.

Date:	
Place:	Signature