



*Life is Good*TM

"Helping Make Your life Easier."

www.lifegoods.in

Registration Form

Purchasing Associate:

Father's Name/Husband Name :

Residence Address:

D.O.B. : DD MM YYYY

Pin Code:

City:

PAN:

Contact No.:

AADHAAR NO.:

E-mail :

Nominee Name:

Registration Date DD MM YYYY

Relation With Nominee :

Accounts Details:

Account No.:	Bank :	Branch :
<input type="text"/>	<input type="text"/>	<input type="text"/>
		IFSC Code:
		<input type="text"/>

Product Details with joining amount (Tick Your Package):

<input type="checkbox"/> Rs. 2500/- 1 Holiday Accommodation Package Choose 2 Dates & 2 Destination	<input type="checkbox"/> Rs. 5000/- 2 Holiday Accommodation Package Choose <input type="checkbox"/> 2 Dates & 2 Destination or 1 Package for 1 Date & 1 Destination <input type="checkbox"/>	<input type="checkbox"/> Rs. 10000/- 4 Holiday Accommodation Package Choose <input type="checkbox"/> 2 Dates & 2 Destination or 2 Package for 1 Date & 1 Destination <input type="checkbox"/>
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Payment Details:

MODE OF PAYMENT	IN FIGURES	DETAILS
DRAFT		
NEFT		

Declaration :

I Certified that I am at least 18 years of age. I have read and completely understood the Terms and Conditions. I am signing this DECLARATION with Complete understanding and with my own Will, without and Pressure / UNDUE INFLUENCE and INDUCEMENT. I am aware that any dispute arising out this purchase would first be solved as per Terms and Conditions of the company.

NOTE : Kindly Attach Copy of Aadhaar Card & PAN Card.

Verified that the above information provided and the DECLARATION made by me is correct in all respect	Verified that the signatures of the Purchasing Associate are authentic and he / she is atleast 18 years of age.
Name & Signature of Purchasing Person	Name & Signatures of Selling Person & Sponsor ID
ID No.	Sponsor ID

Note : Take Printout. Fill The Form in Bold, Attach Demand Draft & Mail it to Life is Good North Estate, Opp. Dr Narang Hospital, 80 Ft Road, Bathinda 151001.