



Brans Infotech Pvt. Ltd.

An ISO 9001: 2008 certified company (www.bransinfo.com)

Product / Services Purchase Form

PLACEMENT DETAILS

Sponsor's BPID

Sponsor's Username

Sponsor's Name

PERSONAL INFORMATION

Title Mr. Ms. M/S.(Tick which ever desired)

First Name

Last Name

S/o

Date Of Birth

CONTACT INFORMATION

State City/ District

Address

Pincode Primary Phone

Secondary Phone E-mail

NOMINEE INFORMATION

Name Relation

LOGIN INFORMATION

Preferred username 1. 2.

Password will be sent to registered email Address.

Placement (Tick whichever desired) Left Right



Details of the Product Purchased

1: _____

2: _____

3: _____

4: _____

Total cost of the products paid including GST : _____

Declaration:

Certified that I have completely understood and evaluated the purchased Product, Cost of the product is sent after complete satisfaction. I have understood the incentive policy properly and abide by it and all terms and conditions of Brans Infotech Pvt. Ltd. I have carefully read the Terms and Conditions and FAQs applicable to BRANS INFOTECH Pvt. Ltd. as given on website www.bransinfo.com and agree / accept to them. I am signing this DECLARATION with complete understanding and with my own WILL, without any PRESSURE / UNDUE INFLUENCE and INDUCEMENT. I am aware cancellation or refund will not be accepted after 30 days or after receiving product whichever comes earlier and that any dispute arising out of this purchase would first be solved as per Terms and Conditions of the company, failing which could be addressed exclusively in competent courts in Lucknow jurisdiction only.

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 at least 18 years of age.

Signatures of Purchasing Associate	Signatures of Selling Associate(Sponsor)

Please take a print of this invoice and send us duly signed in invoice. **No incentives/products will be released without the receipt of duly signed in invoice by the Purchasing and Selling Associates.** Purchasing and Selling Associates must keep a photo copy of this invoice for their own records. **It is the responsibility of the Selling Associate to verify the age of Purchasing Associate and to provide us authentic signatures of the Purchasing Associate. Company will not be responsible if received invoice contains forged signatures of the Purchasing Associate.**

(Email this form signed on both sides, invoice with ID and address proof from registered email ID to bransoffice@gmail.com with username, BPID and NEW PURCHASE as subject and write your products choice if any and address of delivery in the email. Address should be complete as courier will be charged if sent again due to improper address .Product will dispatch after form is mailed.)