



**VEDAHEALTH INDEPENDENT BUSINESS OWNER APPLICATION**

Please complete this Vedahealth Independent Business Owner Application (the "Application") in English for free appointment as Vedahealth Independent Business Owner (also called "Distributor") for Vedahealth Marketing Private Limited. Applicants must be 18 years of age or above. All sections are mandatory unless otherwise indicated. Please furnish all required supporting documentation. Acceptance of this Vedahealth Independent Business owner application is at the sole discretion of Vedahealth. Further, Vedahealth reserves the right to reject the application for any reason and to terminate or revoke any distributorship for reasons not limited to provision of incomplete, inaccurate, false, or misleading information.

Has the Applicant or the Co-Applicant previously been a Vedahealth distributor?  No  Yes If yes\*, Your Previous Distributor number

Is/was your spouse a vedahealth Distributor?  No  Yes If yes\*, your Spouse Distributor number

\*Please attach a copy of inactivity statement which is available from Vedahealth Office or can be download from our website.

**APPLICANT INFORMATION**

How are you going to operate your vedahealth Distributorship?

Individual  Sole Proprietorship\*  Partnership firm\*  Private Limited Company\*  OPC (One person company)\*

Please tick (✓) your category.  
\*Please provide details of the legal entity formed solely to operate your Vedahealth Business, and provide a completed legal Entity Authorization Form. (Link to Individual (linking))

Kindly give the of the legal entity formed solely to operate your Vedahealth Business, and provide a completed legal Entity Authorization Form.

Name of the Applicant/ First Authorised Representative (in case of entity)  
First Name  Middle Name  Last Name

Name of the Co-applicant / Second Authorised Representative (in case of entity)  
First Name  Middle Name  Last Name

Date of Birth of Primary Applicant  Gender of Primary Applicant  Male  Female  Other  
Date of Birth of Co-applicant  Gender of Co-applicant  Male  Female  Other

**ADDRESS DETAILS**

Please provide your complete postal address with pin code and attach a valid address proof along with this application form. Your application will be rejected without valid address proof. [Click here to see what is acceptable.](#)

Mailing Address

Mailing Address / Locality

City / Town / Village (mandatory)

Post office (name of village, locality)  District

PIN Code (mandatory)  STATE (mandatory)

Telephone (mandatory)  Telephone (optional)  Mobile No. (Mandatory)

STD Code & Phone Number  M/Mobile & Phone Number

E-mail address:

Photo Identity Proof (attach photocopy)  
 Voter ID Card  Driving License  Passport  UID / Ahaar Card  Pan Card

Address Proof (attach photocopy)  
 Voter ID Card  Passport  Electricity Bill  UID / Ahaar Card  Passbook of Post Office / Bank Account

**DETAILS OF BANK ACCOUNT ("Must be a Rupee Denominated Account")**

A/C details of the Primary Applicant / Legal Entity.

Bank Name  A/C Number

IFSC Code  Branch Code

Bank Address:

Please provide cancelled cheque which should have the account holder's name, bank account number and IFSC code of the bank. In case the cheque does not have the account holder's name, additionally please provide any other attested bank document which verifies the account holder name, bank account, and IFSC code of the bank.

**PERMANENT ACCOUNT NUMBER (PAN) DETAILS**

Applied for  Individual PAN No.   Sole Prop. / Partnership / Pvt. Ltd. Co. / OPC PAN No.

(Personal PAN (only of the Primary Applicant)) (PAN Details of the entity formed solely for the Private Business)

**RESIDENCY STATUS (Only applicable to individual applicants)**

Primary Applicant / First Authorized Representative. Please tick (✓) one  
 Citizen of and resident in India

Co-applicant / Second Authorized Representative. Please tick (✓) one  
 Citizen of and resident in India

**LINE OF SPONSORSHIP**

Identify the Direct Seller who will be your Sponsor

Distributor Number of your Immediate Sponsor

First Name of the Immediate Sponsor  Surname of the Immediate Sponsor

**VedaHealth Marketing Private Limited - Independent Business Owner Application Declaration**

This application for VedaHealth Marketing Private Limited Independent Business Owner constitutes a contractual offer made by the undersigned individual(s) or legal entity through its authorized signatory(es), as applicable, to VedaHealth Marketing Private Limited to enter into a Distributor Agreement under the Terms and Conditions specified herein. The applicant(s) hereby declare(s) and certify(s) that he/she/they: Are legally competent to conduct business in India. Are not restricted or prohibited by any law from becoming an Independent Business Owner. Have provided true and accurate information in this application. In case of multiple applicants, all applicants shall be jointly and severally responsible for all obligations arising out of this agreement. By signing this application, I/we confirm that I/we have: Read and understood all policies, procedures, and guidelines of VedaHealth Marketing Private Limited. Received complete and accurate information regarding the business model, compensation plan, refund policy, and code of conduct. Agreed to abide by all rules, regulations, and ethical standards set by the company. I/We further understand and agree that: Acceptance of this application is at the sole discretion of VedaHealth Marketing Private Limited. Upon acceptance, this application shall form a binding Distributor Agreement. The company reserves the right to amend policies, terms, and conditions from time to time. I/We also consent that the information provided in this application may be used, processed, and stored in accordance with the company's Privacy Policy for business and compliance purposes. I/We declare that this application is made voluntarily, without any coercion, and with full understanding of the terms.

Date  Signature / Thumb Impression\* of Primary Applicant (Authorized signatory of Proprietary concern / Partnership / Company)

Date  Signature / Thumb Impression\* of Co-Applicant

Please turn over for the Terms & Conditions

\*Thumb Impression needs to be placed in presence of an Provided Executive.  
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## ✓ TERMS & CONDITIONS

### Vedahealth Marketing Private Limited

These Terms and Conditions shall be read along with the Business Owner Application Form submitted to Vedahealth Marketing Private Limited (hereinafter referred to as "the Company"). These terms become binding upon acceptance of the application by the Company.

**1. Appointment:-** The Company appoints the applicant (individual or legal entity) as an Vedahealth Independent Business Owner (VIBO) on a principal- to-principal basis. The VIBO is authorized, on a non-exclusive basis, to: Purchase products from the Company Market, distribute, and sell such products, Introduce and support other distributors (subject to Company policies) This appointment does not grant any ownership or partnership rights in the Company.

**Definitions:-** (a)Cooling-Off Period: A period of 30 days from the date of acceptance during which the VIBO may cancel participation and receive a refund (subject to return of unused, saleable products).  
(b)VIBO (Vedahealth Independent Business Owner): A person authorized to sell Company products and build a distribution network as per Company guidelines.  
(c)Saleable Condition: Products that are unused, unopened, not expired, and suitable for resale.  
(d)Territory: Entire Republic of India unless otherwise specified.  
(e)Effective Date: Date of approval of the application by the Company.

**3.Term of Agreement:-** This Agreement shall remain valid unless terminated by either party in accordance with the termination clause.

**4.Independent Contractor Status:-** The VIBO acts as an independent contractor, not as: Employee, Agent, Legal representative. The VIBO operates at their own risk, responsibility, and expense.

**5.Non-Transferability:-** This Agreement is personal in nature and cannot be transferred or assigned without prior written approval from the Company.

**6.Payments:-** All payments including:

- i. Commissions
- ii. Bonuses
- iii. Refunds

Will be made only to the registered applicant's bank account as per submitted details, in compliance with Indian laws.

## **7. Obligations of the VIBO:-**

- **The VIBO shall:**

Sell products at or below Maximum Retail Price (MRP) Follow all applicable laws and regulations

Provide accurate product information to customers Issue proper bills/receipts

Maintain ethical business practices

- **The VIBO shall NOT:**

Use misleading or false claims

Force or pressure others to purchase products Promote unauthorized materials

Conduct unapproved training or events

Engage in unfair trade practices

## **8. Termination:-**

- **By VIBO:**

The VIBO may terminate this Agreement by giving 30 days written notice.

- **By Company:**

The Company may terminate immediately if:

Rules or policies are violated Misrepresentation or unethical conduct occurs Legal or regulatory issues arise

Any breach of agreement happens After termination, the VIBO shall not represent the Company in any form.

## **9. Amendments:-**

- The Company reserves the right to modify:

i. Policies

ii. Compensation plans

## **10. Severability:-**

If any provision is found invalid, the remaining provisions shall continue to remain enforceable.

## **11. Governing Law:-**

This Agreement shall be governed by: Indian Contract Act, 1872

Applicable laws of India

## **12. Dispute Resolution:-**

Parties will first attempt mutual resolution within 30 days If unresolved, disputes shall be referred to Company Grievance Committee Final resolution through arbitration under the Arbitration and Conciliation Act, 1996

Jurisdiction: Courts of India (you can specify city if needed)

## **13. Limitation of Liability:-**

The Company's liability shall be limited to:

Actual proven damages OR

Earnings of the VIBO in the last 6 months (whichever is lower)

## **14. Acceptance:-**

By submitting the application, the VIBO confirms that: They have read and understood these terms

They agree to comply with all Company policies

### **Abbreviations**

**RWM: RIGHT WAY MARKETING**

**VIBO: VEDAHEALTH INDEPENDENT BUSINESS OWNER**