



CEYONE SALES SUBMISSION FORM

Date: _____

Deposited by: _____

SL. No.	ID	Distributors Name	1st Order/ Repurchase	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
			Total Amount	

TRANSACTION DETAILS

Deposited Date :

Deposited Bank:

Amount:

Transaction ID :

Signature