



The Wealth of being Healthy

CEYONE DISTRIBUTOR APPLICATION DEPOSIT SHEET

Deposited by.....ID No..... Date.....

SL No.	ID No.	Distributor's Name	Sponsor ID	Sponsor Name	Placement ID	Placement Name	Placement Side
1							Left <input type="checkbox"/> Right <input type="checkbox"/>
2							
3							
4							
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16							

Depositor Signature

Received by