

IBD RESIGNATION FORM

Please fill in the exact details. Fields marked with * are MANDATORY

IBD DETAILS

FULL NAME*:

(as on the PAN CARD)

USER NAME*:

MEMBER ID .

EMAIL ADDRESS*: (password will be sent to this email ID)

PAN NUMBER*: (Please attach self attested copy of PAN CARD)

MOBILE NUMBER*: (OTP will be sent to this mobile number)

AADHAR NO.:

SPONSOR USER ID: (leave blank if no information)

MOBILE NUMBER*: (OTP will be sent to this mobile number)

REGISTRATION DATE : (dd/mm/yyyy)

REASON OF RESIGNATION*

The Policy

An IBD is not authorised to change the marketing organisations, sponsorships, or leadership levels within the Company. If exceptional circumstances justify a request to make such changes, the request will be evaluated on a case-by-case basis. Any decision made by the Company regarding such requests will be considered final.

Signature of the Applicant

Date: (dd/mm/yyyy)

FOR OFFICE USE ONLY

Originals verified and Self-Attested Document copies received (○Yes/○No)

Name: _____

Signature: _____

Company Stamp: _____

Received Date: _____

Action Taken: _____

Resolve Date : _____



☐ I agree that on submission of this application, the IBD contract stands terminated and I am not eligible for any commissions or benefits associated with the contract. I hereby undertake that,

- Within 15 days I will return the business information kit and identity card and any other materials given by the company held in my possession.
- Maintain the confidentiality of all proprietary and confidential information obtained during my tenure with the Company.
- Not to make any negative or disparaging statements about the Company, its employees, officers, directors, products, or services, whether orally or in writing.
- Not to solicit or attempt to solicit for other opportunities any other IBDS, or customers of the Company for a period of 12 months from the date of submission of this resignation.
- This application constitutes the entire understanding between the parties and supersedes any prior or existing agreements, whether written or oral.
- Not join back under some aliases or same name for a period of 6 months from the date of submission of this application.