

ACKNOWLEDGMENT RECEIPT/ORDER FORM

DATE:

NAME OF THE DIRECT SELLER:

ADDRESS:

DIRECT SELLER ID NO.:

CONTACT NO.:

EMAIL:

S. NO.	NAME OF THE PRODUCT WITH COUNTRY OF ORIGIN	CODE NO.	QUANTITY	PRICE

**MODE OF DELIVERY: BY SELF/POST/ONLINE (PLEASE TICK)**  
(FOR POST/ONLINE DELIVERIES, PLEASE MENTION POST NO./DELIVERY CODE NO.)

SIGNATURE  
(NAME OF THE CUSTOMER)

**TERMS & CONDITIONS**

1. This is an order form in compliance with the Consumer Protection (Direct Selling) Rules, 2021.
2. This Order Form does not constitute any legal contract and prices shown herein are subject to revision. Notwithstanding anything contained herein, Ok Lifecare Pvt. Ltd. cannot be made bound by the present Order Form.
3. Not to be treated as an invoice for any tax purposes.
4. For cancellation, refund and grievance redressal, either call us at: 7056909400 or e-mail us at: info@oklifecare.com or visit our website at: <https://oklifecare.com/> or <http://www.oksekharido.com>.

*Chirag Singh*

