



Reseller Application

Name: _____

Email: _____

Contact Number: _____

Country: _____

City: _____

Personal Address:

Current Profession: _____

Applicant Signature

Please attach documents/images listed below along with a scanned copy of this form and email it to contact.nevon@gmail.com to apply for a NevonProjects Franchise:

Documents Needed:

- 1) Personal Address Proof scanned copy.
- 2) Personal photo Id proof scanned copy.