

NAME / ADDRESS CHANGE FORM

Date: / /



BEFORE CHANGE	
Distributor ID:	
Name:	
Address:	Phone Number: () -

AFTER CHANGE	
Name:	Date of Birth :
Address:	E-mail:
	Phone : () -

Reason for change:	
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Please verify that all information on this request is correct and current. Any request with erroneous information will be rejected.

Applicant: The individual listed above in "After change" is responsible for the outstanding balance on this account. Please sign and attach the E-Payment Application Form if the account still has outstanding installments.

Name of Applicant:

I hereby declare that I am the applicant and I am responsible for any outstanding balance left on this account.

All name changes must approved by your direct 6A	
Name of 6A:	
6A's Distributor ID:	

All name changes require a € 40 payment for processing

VISA MC AMEX

CC NUMBER	EXP	CVV
CC HOLDER'S NAME	SIGNATURE	

Signature of OLD Applicant :

ID number of 6A :

Signature of NEW Applicant:

Signature of 6A :

~~※Important!!! Name changes must done within his or her family. You are not allowed to transfer distributorship to any other person.~~