

# NAME / ADDRESS CHANGE FORM

Date:    /    /



<b>BEFORE CHANGE</b>	
<b>Distributor ID:</b>	
<b>Name:</b>	
<b>Address:</b>	<b>Phone Number:</b> (    ) -

<b>AFTER CHANGE</b>	
<b>Name:</b>	<b>Date of Birth :</b>
<b>Address:</b>	<b>E-mail:</b>
	<b>Phone : (    ) -</b>

<b>Reason for change:</b>	
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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.

<b>Name of Applicant:</b>
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I hereby declare that I am the applicant and I am responsible for any outstanding balance left on this account.

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

**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.~~