

Name / Address Change Form

DATE: / /

Before Change	
Distributor ID:	
Name:	
Address:	Phone Number: () --

After Change	
Distributor ID: -----Same as before-----	
Date of Birth:	
Name:	E-mail:
Address:	Phone Number: () --
Reason for change:	

Please verify that all information on this request is correct and current. Any request with erroneous information will be rejected. No name changes will be allowed for client with existing levies.

All name changes must be acknowledged by the sponsor

Name of Sponsor:	Sponsor ID:
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All Name changes require a SGD 80 payment for processing.

Signature of OLD Applicant	ID number of Sponsor:
Signature of NEW Applicant	Signature of Sponsor:

Important !!! Name change must be done within his or her family. You are not allowed to transfer a distributorship to any other person.

**This information you have provided will be kept confidential and used solely for communicating with you.

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