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:	

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 "Before change" is responsible for the remaining balance on this account. If the account has unpaid installments, the applicant has to clear the outstanding amount before the name change can be processed.

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.