



Research Sdn. Bhd.

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Ampcorp Tower
18, Jalan Persiaran Barat,
46050 Petaling Jaya,
Selangor Darul Ehsan,
Malaysia
www.forlife.com.my

DISTRIBUTOR APPLICATION AND AGREEMENT

(603) 7491-8898 - Distributor Services & Product Order Line

(603) 7493-8813 - Corporate Fax

Business hours - Mon-Fri: 12 noon to 9.30 PM Sat: 10.00 AM to 4.00 PM Sundays and Public Holidays: Closed

New Amended Distributor ID# _____ Date / /
 Distributor LeaderForLife Diamond ForLife

APPLICATION INFORMATION Please use a pen and press hard so all copies are clear.

Applicant's Name/Company Name _____ New NRIC No./Work Permit No./Passport No.(Foreigner)/Company Reg. No. _____

Co-Applicant's Name/Authorised Officer's Name for Company Application _____ NRIC No./Passport No. (Foreigner) _____

Mailing Address (please include postcode) _____

() () () ()
Home Phone Office Phone Hand Phone Fax Number

Date of Birth _____ E-mail Address _____

DISTRIBUTOR SHIPPING ADDRESS (Please complete if shipping address is different than mailing address.)

Shipping Address (please include postcode) _____

()
Phone Number at shipping address _____

ENROLLER INFORMATION* (Person who enrolled you in ForLife™)

Wan Ibrahim Wan Yusoff 5990783 () ()
Enroller's Name Enroller's ID # Telephone Number Fax Number

SPONSOR INFORMATION* (APPLICANT: Your direct upline link) (ENROLLER: You have the option of placing this applicant on a level other than your first)

Wan Ibrahim Wan Yusoff 5990783 () ()
Sponsor's Name Sponsor's ID # Telephone Number Fax Number

PAYMENT INFORMATION (for Distributor Business Success Kit)

Visa Cash Banker's Cheque Deposit Into Maybank Account No.: 512530183828
 Master Card Please enclose bank deposit slip with computer print-out.

Credit Card # _____ Expiration Date _____

Signature (exactly as it appears on card) _____

BANK ACCOUNT INFORMATION (for commissions pay out)

Bank Name _____
Branch Name _____
Bank Account Number _____

W-8 INFORMATION

PART I - Identification of Beneficial Owner	PART II - Certification
Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief, it is true, correct, and complete. I further certify under penalties of perjury that: • I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates, • The beneficial owner is not a U.S. person • The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, and • For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.
	Signature of beneficial owner (or individual authorized to sign for beneficial owner) _____ Date (DD-MM-YYYY) _____

I certify that I am of legal age (the age of majority) for the country in which I reside. I have carefully read the terms and conditions on the back of this Application and Agreement, the ForLife Policies and Procedures and the ForLife Compensation Plan and agree to abide by all terms set forth in these documents. I hereby confirm that my signing of this application does not violate any other agreements or contracts to which I am a party. A PARTICIPANT IN THIS MULTILEVEL MARKETING PLAN HAS A RIGHT TO CANCEL AT ANY TIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPAL PLACE OF BUSINESS IN MALAYSIA WITHIN 10 BUSINESS DAYS AFTER THE DATE OF THIS TRANSACTION.

Please attach a photocopy of your identity card or employment pass or passport to the distributor application and agreement form.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

DEMOGRAPHIC INFORMATION

Please tick applicable boxes: GENDER: Male Female AGE: 18-30 31-40 41-50 51+
MARITAL STATUS: Single Married NUMBER OF CHILDREN: Under 12 yrs. _____ 12-18 yrs. _____ Over 18 yrs. _____
REASONS FOR JOINING FORLIFE: Products Financial Opportunity Personal Health Concerns
PREFERRED LANGUAGE: English Malay Chinese Other _____

Please mail or fax your completed Application and Agreement to ForLife to finalize the distributor enrollment process. If your original Distributor Application and Agreement Form is not received within 30 days of enrollment, your Distributorship shall automatically be converted to a Customer status and you will no longer be eligible for bonuses or commissions.

*This information can only be changed within 10 days of enrollment without receiving upline approval.