



Research Sdn. Bhd.

Co. No. 575339-A
A/L No. 931508

Unit 5.02, 5th Floor
Ampang Tower
18, Jalan Pevrianan 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

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New Amended Distributor ID
 Distributor Leader/ForLife Diamond ForLife

Date

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

Mohd Yusoff Bin Sufian

600928 07 5809

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
No. 12, Jalan Bunga Tanjung, 40000 Shah Alam

NRIC No./Passport No. (Foreigner)

Mailing Address (please include postcode)

Selangor.

03 55192309

019 2223131

Home Phone

Office Phone

Hand Phone

Fax Number

28 / 09 / 60

sufian@yahoo.com

Date of Birth

E-mail Address

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

same as above (isikan alamat untuk penghantaran produk jika berlainan dari alamat pos)

Shipping Address (please include postcode)

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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 printout.

Credit Card #

Expiration Date

Signature (exactly as it appears on card)

BANK ACCOUNT INFORMATION for commission

Isikan maklumat utk bayaran bonus

Bank Name Nama bank

Branch Name Nama Cawangan

Bank Account Number No. Akaun

W-8 INFORMATION

PART I - Identification of Beneficial Owner

Type of beneficial owner:

Individual Corporation Partnership

PART II - Certification

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.

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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 TRANSACTION.

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

Applicant's Signature

tanda tangan

Date

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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 read or for your completed Application and Agreement to ForLife to finalize the distributor enrollment process. If your original Onliner Application and Agreement form is not received within 30 days of enrollment, your Distributor's info 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.