

CHANGE OF STATUS FORM

THIS FORM MUST BE MAILED IN DIRECTLY TO THE HEAD OFFICE OR TURNED IN TO YOUR RSD, ASM OR PRODUCT CENTER.

The Forever Complex, 21/23 Aromire Avenue,
Off Adeniyi Jones Avenue, Ikeja, Lagos State.
Telephone: (01) 4968172-4, 2711795 Fax: 4939875.

Date ____/____/____
MM DD YY

Telephone # (____) _____

Sales Area # _____

Name _____ ID# _____ Your Signature _____
Last First Middle (required for all changes)

Check all applicable boxes and fill in the corresponding information to complete your request:

CORRECTION OF NAME _____
Previous Name (Last, First Middle) New Name (Last, First Middle)

**CORRECTION OF ADDRESS/
COUNTRY OF RESIDENCE** _____
Previous Address (Street) New Address (Street)

(City, State) (Zip Code) (City, State) (Zip Code)

RESPONSORSHIP _____
New Sponsor's ID # New Sponsor's Name New Sponsor's Signature

CHANGE OF PRIMARY DISTRIBUTOR _____
New Primary Distributor (Last, First Middle) New Secondary Distributor (Last, First Middle)

New Primary Distributor's Signature New Secondary Distributor's Signature

ADD/DELETE SPOUSE _____ OR _____
Spouses Name to Add (Last, First Middle) Spouses Name to Delete (Last, First Middle)

Added Spouse's Signature Deleted Spouse's Signature

CHANGE LANGUAGE PREFERENCE (check one only): ENGLISH SPANISH CHINESE