



TOGETHER, BUILDING PEOPLE™

ForLife Research Singapore Pte Ltd
350 Orchard Road, #17-01/02
Shaw House, Singapore 238868
www.forlife.com.sg

DISTRIBUTOR APPLICATION AND AGREEMENT

(65) 6735-2988 - Distributor Services & Product Order Line
(65) 6733-7688 - 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

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

Applicant's Name/Company Name _____ NRIC No./Employment Pass No./Passport No. (Foreigner)/RCB No. _____

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

Mailing Address (please include postcode) _____

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Home Phone Work 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) _____

ENROLLER INFORMATION* (Person who enrolled you in 4Life™)

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 level)

Sponsor's Name _____ Sponsor's ID # _____ Telephone Number _____ Fax Number _____

PAYMENT INFORMATION (for Distributor Business Success Kit)

[] Cash [] MC [] Visa
Credit Card # _____ Expiration Date _____

Signature (exactly as it appears on card)

[] Deduct my annual renewal fee on each anniversary date of this Application from my bonus cheque or commissions. This will ensure that I do not inadvertently forget to renew and lose my rights as a 4Life Independent Distributor.

BANK ACCOUNT INFORMATION (for commissions payout)

Bank Name and Code _____
Branch Name and Branch Number _____
Bank Account Number _____

W-8 INFORMATION

Table with 2 columns: PART I - Identification of Beneficial Owner and PART II - Certification. Includes fields for beneficial owner type and certification declaration.

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 4Life Policies and Procedures and the 4Life 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.

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 4LIFE: [] Products [] Financial Opportunity [] Personal Health Concerns
PREFERRED LANGUAGE: [] English [] Malay [] Chinese [] Other _____

Please mail or fax your completed Application and Agreement to 4Life 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.