



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) \_\_\_\_\_

( ) ( ) ( ) ( )
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, signature, and date.

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.