



Distributor Application Form

For office use only									
ID. No.									
Team No.									

Literature Kit Code 1007 ProPlan Kit Code 1005

APPLICANT'S DETAILS

Please print all details accurately in block letters

Surname											
First Names											
Partners Name											
Postal Address											
Country						Postal Code					
Physical Address											
Country						Postal Code					
Telephone (H)						Code					
(W)											
Cell/Mobile						Date of Birth					
E-mail Address											
ID No./Passport											
Delivery Address for Kit											
						Postal Code					

SPONSOR'S DETAILS

GNLD ID. No.						Team No.					
Surname											
First Names											
Country of Sponsor											

UPLINE DIRECTOR'S DETAILS

GNLD ID. No.						Team No.					
Surname											
First Names											
Country of Sponsor											

I have / have not previously registered as a GNLD Member:

YES NO If yes, my GNLD ID.No.

This serves to acknowledge payment to the sum of _____ for

Signatures - Applicant _____ Partner _____
 Sponsor _____ Date _____



By the signature hereto, the Distributor hereby agrees to be bound by the conditions set out on the reverse hereof.