INTERNATIONAL

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. 5004186 — Team No. 06030555
Surname BODY
First Names DAVID & HEIDE
Country of Sponsor SOUTH AFRICA

UPLINE DIRECTOR'S DETAILS

GNLD ID. No. 603055 — Team No. 06030555
Surname ROBERTS
First Names BRUCE & INGRID
Country of Sponsor SOUTH AFRICA

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 R450=00 for

Signatures - Applicant _____ Partner _____

Sponsor _____ Date _____

DSA MEMBER DIRECT SELLING ASSOCIATION

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

Code 124