

Enagic Philippines, Inc. 16<sup>th</sup> Floor, A.T. Yuchengco Centre, 25<sup>th</sup> & 26<sup>th</sup> Streets Bonifacio Global City, Taguig City TEL: (632)885195508 / FAX: (632)88083885

## **DISTRIBUTOR CHANGE OF STATUS AGREEMENT FORM (From End User to Distributor)**

Distributor Name: \_\_\_\_\_

Distributor ID Number:		
Date: / (mm/dd/yy)		
Reason:		
Terms and Con di tion s:		
Distributor must submit 2 Philipp Distributor must submit complete Distributor must completed the P Distributor must submit TIN ID Co	e signed Application Forms and other requirements needed. Payment (Cash or E-Payment) and with complete Post Dated Checks.	
acknowledged that I have read and under	erstand the Distributor Change of Status Agreement.	
I declare that the above information is my per Enagic Philippines, Inc. to collect information	rsonal information and that they are true, correct and updated. I authorized and conse in a relation to this application.	?nt
Act of 2012 (RA 10173) and agree to terms of	Inc. respects and is committed to the Protection of Personal Information or Data Priva the Company's Data Protection/Privacy Policy posted on Enagic Philippines, Inc. offic official.enagicphilippines/ and bulletin board.	
Distributor Printed name and Signature	Date	
For Approval:	(For Office Use)	
Marketing Department	Commission Department	
Compliance Department	Accounting A/R Department	
	Collection Department	