



CHANGE NAME / INFORMATION UPDATE REQUEST FORM

BEFORE CHANGE	Apply Date: / /
Distributor ID:	
Name:	
Address:	
Mobile Number:	E-mail Address:
AFTER CHANGE	
Name:	
Address:	
Mobile Number:	E-mail Address:
REASON:	

<i>Processing Fee per category:</i>	* Transfer distributorship to immediate family member * Transfer to personal name to own company name (allowed one time only)
Php 3,000	
No Fee	* Updating of Distributor's Name (e.g., Change of Status/ Surname/ Address/Contact number/Email address)

Terms & Conditions:

1. Name changes are only allowed between family members (in principle, within first degree relatives).
2. Must be based on the following valid reasons: Death / Medical Condition / No longer interested in the business.
3. For E-payment accounts, the balance must be fully paid before proceeding.
4. Original owner must be cleared to Compliance Department, no pending receipt for issuance.
5. Change name form request must be submitted by the original owner through an office visit or via their own email.
6. In the absence of the original owner, an immediate family member may submit the request with authorization letter.
7. If the original buyer is deceased, an immediate family member may submit the request with a copy of Death Certificate.
8. Changing of names to company name must be done only once.

Requirements:

1. Photocopy of 2 Philippine Government issued Valid IDs with 3 specimen signatures of original owner (before change).
2. Confirmation Email of change name request from the original owner.
3. Photocopy of 2 Philippine Government issued Valid IDs with 3 specimen signatures of new owner (after change).
4. Application Form of New owner
5. Proof of relation document (birth or marriage certificate)
6. Email confirmation and request from the old buyer (before change)

I acknowledge that I have read and understand the Distributor Agreement Termination and agree the terms set forth in this Termination / agreement.

I declare that the above information is my personal information and they are true, correct and updated. I authorize and consent Enagic Philippines, Inc. to collect information in relation to this application.

I hereby understand that Enagic Philippines, Inc respects and committed to the Protection of Personal Information or Data Privacy Act of 2012 (RA 10173) and agree to terms of the Company's Data Protection/ Privacy Policy posted on Enagic Philippines, Inc official Facebook Page, <https://www.facebook.com/official.enagicphilippines/> and bulletin board.

Original Owner Signature

New Owner Signature

For Office use only

Received and processed by:

Name of Employee & date signed
Marketing Department

Approved by:

Marketing Department

Commissions Department

Compliance Department

Collection Department

Accounting Department

Branch Manager