



**CHANGE NAME REQUEST FORM**

<b>BEFORE CHANGE</b>	Apply Date: / /
Distributor ID:	
Name:	

<b>AFTER CHANGE</b>
Name:

REASON FOR CHANGE:
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<i>Processing Fee per category:</i>	
<b>Php 2,000</b>	* Normal transfer of account to other customer/distributor * Consignment Liquidation
<b>Php 1,000</b>	* BIR/OR Compliance Issue * Deceased distributor but transfer to family member for the purpose of claiming the commissions
<b>Php 500</b>	* Transfer distributorship to family member
<b>No Fee</b>	* Updating of Distributor's Name (e.g. Change of Status/ Surname) * Deceased distributor but transfer to family member for Enagic to collect the outstanding balance

**Requirements :**

1. Photocopy of 2 Philippine Government issued Valid IDs with 3 specimen signatures of Original owner (before change).
2. Photocopy of 2 Philippine Government issued Valid IDs with 3 specimen signatures of New owner (after change).
3. Application Form of New owner
4. Change Name Request form signed by the original and new owner.

**Terms & Conditions :**

1. Original owner must be cleared in Collection Department, no outstanding balance.
2. Original owner must be cleared in Compliance Department, no pending Official receipt for issuance
3. Change name form request must be submitted by the Original owner.
4. In absence of original owner, immediate family member or direct sponsor shall be an authorized person to submit the request supported by an authorization letter from the Original owner.
5. If original buyer is deceased, immediate family member or direct sponsor shall be an authorized person to submit the request supported by a copy of Death Certificate.
6. Upon receive of the signed request form, we will conduct a verification call for both original and new buyer and they are required to send confirmation email after verification call.

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 of Distributor ID Name :  
& Signature/ Date signed**

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**New Owner of Distributor ID Name :  
& Signature/ Date signed**

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**Received and processed by:**

\_\_\_\_\_  
**Name of Employee & date signed  
Marketing Department**

**Noted by:**

\_\_\_\_\_  
**Marketing Head/Supervisor      Commissions Department      Compliance Department**

\_\_\_\_\_  
**Collection Department**

\_\_\_\_\_  
**Accounting Department**

**Approved by:**

\_\_\_\_\_  
**Branch Manager /Assistant  
Operations Manager**