



TOGETHER, BUILDING PEOPLE™

ForLife Research Sdn. Bhd.
Co. No. 575339-A
A/L No. 931508

DISTRIBUTOR APPLICATION AND AGREEMENT

Unit 5.02, 5th. Floor
Amcorp Tower
18, Jalan Persiaran Barat
46050 Petaling Jaya
Selangor Darul Ehsan
Malaysia
malaysia.4life.com

(603) 7629 6800 - Distributor Services & Product Order Line
(603) 7629 6888 / 1300-88 9986 - Product Order Fax

Business hours
Petaling Jaya: Mon-Fri: 12 noon to 9.30 PM
Sat: 12 noon to 7.00 PM
Sundays and Public Holidays: Closed

- -

Date

4Life Distributor ID# _____

☐ NEW ☐ AMENDED

☐ Distributor ☐ Leader4Life ☐ Diamond4Life

Reasons for joining 4Life:

☐ Products ☐ Financial Opportunity ☐ Personal Health Concerns

Preferred language:

☐ English ☐ Malay ☐ Chinese ☐ Others _____

Have you ever been a 4Life Distributor or Preferred Customer before?

☐ Yes ☐ No Old 4Life ID# _____

APPLICATION INFORMATION (Please use a black pen and press hard so all copies are clear)

ISMAIL BIN DAUD

Applicant's Name as in NRIC/Company Name

780212-10-5898

New NRIC No./Passport No.(Foreigner)/Company Reg. No.

Gender: ☒ Male ☐ Female
Marital Status: ☐ Single ☒ Married

Co-Applicant's Name as in NRIC/Authorised Officer's Name for Company Application as in NRIC

NRIC No./Passport No. (Foreigner)

Gender: ☐ Male ☐ Female
Marital Status: ☐ Single ☐ Married

12 JLN BUNGA TANJUNG

Mailing Address

SHAH ALAM

Postcode

Home Phone

Office Phone

0102487958

Hand Phone

Fax Number

12/02/1978

Date of Birth

ismail@yahoo.com

Email Address

DISTRIBUTOR SHIPPING ADDRESS (Please complete if shipping address is different from mailing address)

Shipping Address

Postcode

-

Phone Number at shipping address

ENROLLER INFORMATION* (Person who enrolled you in 4Life)

WAN IBRAHIM WAN YUSOFF

Enroller's Name

5990783

Enroller's ID #

Telephone Number

Fax Number

SPONSOR INFORMATION* (APPLICANT: Your direct upline link) (ENROLLER: You have the option of placing this applicant on a level other than your first level)

Sponsor's Name

Sponsor's ID #

Telephone Number

Fax Number

BANK ACCOUNT INFORMATION (Please attach a photocopy of the first page of your bank book for commissions payout)

MALAYAN BANKING

Bank Name

SHAH ALAM MAIN

Branch Name

11216040285

Bank Account Number

I certify that I am of legal age (the age of majority) for the country in which I reside. I have carefully read the terms and conditions on the back of this Application and Agreement, the 4Life Policies and Procedures and the 4Life Compensation Plan and agree to abide by all terms set forth in these documents. I hereby confirm that my signing of this application does not violate any other agreements or contracts to which I am a party. A PARTICIPANT IN THIS MULTILEVEL MARKETING PLAN HAS A RIGHT TO CANCEL AT ANY TIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPAL PLACE OF BUSINESS IN MALAYSIA WITHIN 10 BUSINESS DAYS AFTER THE DATE OF THIS TRANSACTION.

Please attach a photocopy of your NRIC (front and back) or employment pass and passport with the Distributor Application and Agreement Form.

Applicant's Signature

Date _____

Co-Applicant's Signature

Date _____

Please mail or fax your completed Application and Agreement to 4Life to finalize the distributor enrollment process. If your original Distributor Application and Agreement Form is not received within 30 days of enrollment, your Distributorship shall automatically be converted to a Customer status and you will no longer be eligible for bonuses or commissions.

* This information can only be changed within 10 days of enrollment upon receiving original Enroller's approval and original Sponsor's approval.