



Amway India Enterprises Pvt. Ltd.,
Ground Floor, Elegance Tower, Plot No. 8, Non Hierarchical
Commercial Centre, Jasola, New Delhi - 110 025
Contact No. : 080- 43516600 / 080-35276600
Website: www.amway.in

INFORMATION CHANGE FORM

APPLICANT INFORMATION (Mandatory Information)

Form should be filled in Block / Capital Letters only.

Amway Business Owner Number

Name of the Primary Applicant

Please tick (✓) your category. (*Please provide relevant documentation.)

☐

NAME CORRECTION

Please provide documents supporting your correct name.

Name of the Primary Applicant

First Name

Surname

Date of Birth of Primary Applicant

DD

MM

YYYY

☐

CHANGE PERSONAL DETAILS

Please provide your complete address with pin code and attach address proof.

Mailing Address

Mailing Address / Locality

City / Town / Village (Mandatory)

Post office (In case of village, Mandatory)

District

PIN Code (Mandatory)

State (Mandatory)

Telephone (Residence)

Telephone (Office)

Mobile No.

STD Code & Phone Number

E-mail address:

STD Code & Phone Number

☐

CHANGE/ADDITION OF CO-APPLICANT TO CURRENT DISTRIBUTORSHIP

Please provide documents for addition of Co-Applicant.

Name of the Co-Applicant

First Name

Surname

Date of Birth of Co-Applicant

DD

MM

YYYY

☐

DIRECT CREDIT OF COMMISSION IN ACCOUNT

A/c details of the Primary Applicant only.

Bank Name

Your Account Number

IFSC Code

Branch Code

Bank Address:

I hereby enclose the below mentioned details (any one of the following)

☐ Photocopy of Bank Pass Book

☐ Bank Statement

☐ Cancelled Cheque Leaf

☐

PERMANENT ACCOUNT NUMBER (PAN) DETAILS

Please attach a copy of PAN card of the Primary Applicant.

Individual PAN No.

(Personal PAN Details of the Primary Applicant)

Sole Prop. / Partnership / Pvt. Co. PAN No.

(PAN Details of the entity formed solely for the Amway Business)

☐ Photocopy of PAN Card

I/We hereby verify that I/we have requested the above mentioned change in respect my/ our distributorship and agree to remain bound by the Amway Business Owner Contract as amended from time to time. I/We understand that the information change will be effective only after receipt of this form and supporting documents by Amway.

/ /
Date

Signature of Primary Applicant & Co-Applicant

/ /
Date

Signature of Amway Co-ordinator

08/24

ACKNOWLEDGMENT

ABO Number

We are in receipt of your request and relevant documents regarding change/addition of section given below:

☐ Name Correction

☐ Change Personal Details

☐ Change/Addition of Co-Applicant

☐ Direct Credit of Commission in Account

☐ PAN Details

/ /
Date

Signature of Primary Applicant & Co-Applicant

/ /
Date

Signature of Amway Co-ordinator

08/24