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.)

A ☐ 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

B ☐ 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) — STD Code & Phone Number

Telephone (Office) — STD Code & Phone Number

Mobile No.

E-mail address:

C ☐ 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

D ☐ 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

E ☐ 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

06/13

ACKNOWLEDGMENT

ABO Number

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

A ☐ Name Correction B ☐ Change Personal Details C ☐ Change/Addition of Co-Applicant D ☐ Direct Credit of Commission in Account E ☐ PAN Details

/ / Date — Signature of Primary Applicant & Co-Applicant — / / Date — Signature of Amway Co-ordinator

04/22