



Distributor Application Form

For office use only

ID No.

Team No.

INTERNATIONAL

GNLD Kit Code 1001

APPLICANTS DETAILS

Please print all details accurately in block letters

Surname									
First Names									
Partner's Name									
Postal Address									
Country						Postal Code			
Physical Address									
Country						Postal Code			
Telephone (H)						Code			
(W)						Code			
Cell/Mobile						Date of Birth	Y	Y	Y
							Y	M	D
E-Mail Address									
ID No./Passport									
Delivery Address for Kit									
						Postal Code			

SPONSOR'S DETAILS

GNLD ID No.	7	0	5	2	1	1	6	Team No.	1	2	9	3	6	2
Surname	B	R	Y	N	A	R	D							
First Names	W	E	R	N	E	R								
Country of Sponsor	R	S	A											

UPLINE DIRECTOR'S DETAILS

GNLD ID No.	1	2	9	3	6	2	Team No.	1	2	9	3	6	2	
Surname	B	R	Y	N	A	R	D							
First Names	B	R	I	G	I	T	T	E						
Country of Director	R	S	A											

I have / have not previously registered as a GNLD Member:
YES NO If yes, my GNLD ID No.

This serves to acknowledge payment of the sum of _____

Signatures: Applicant _____ Partner _____
Sponsor _____ Date _____



By the signature hereto, the Distributor hereby agrees to be bound by the conditions set out on the reverse hereof.

Please complete, sign and fax to 086 724 2852 or email to orders@goldenproducts.co.za