



**AMWAY PHILIPPINES, L.L.C.**  
 4th Floor Kentek Building, 828 A. Arnaiz Ave.  
 San Lorenzo Village, Makati City  
 1223 Philippines  
 Tel No.: (632) 814 - 8181  
 Fax No.: (632) 892 - 9254  
 Website: www.amway.com.ph

No.:

**AMWAY BUSINESS OWNER APPLICATION**

**A APPLICANT INFORMATION**  Sole Proprietorship (Filipino citizens only)  Corporation / Partnership (Provide Documentation)

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
 Address \_\_\_\_\_

Applicant Birthdate (MM-DD-YYYY) \_\_\_\_\_ Applicant TIN Number \_\_\_\_\_ Nationality \_\_\_\_\_  
 Telephone (home) w/ Area Code \_\_\_\_\_ (office) w/ Area Code \_\_\_\_\_ (Mobile Phone) \_\_\_\_\_  
 Gender:  Male  Female Occupation: \_\_\_\_\_ Civil Status:  Single  Married  Widowed E-Mail: \_\_\_\_\_

**B CO-APPLICANT INFORMATION**

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
 Co-Applicant Birthdate (MM-DD-YYYY) \_\_\_\_\_ Co-Applicant TIN Number \_\_\_\_\_ Nationality (if different) \_\_\_\_\_  
 Telephone (home) w/ Area Code \_\_\_\_\_ (office) w/ Area Code \_\_\_\_\_ (Mobile Phone) \_\_\_\_\_  
 Gender:  Male  Female Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Relation to the Applicant: \_\_\_\_\_

**C PREFERRED ACCOUNT FOR COMMISSION PAYMENT (Indicate only ONE. Checks will no longer be issued).**

**VIA BANK** Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
 Type of Account:  Savings  Current  Prepaid

**VIA GCASH**  No existing Globe/TM Number and GCash Card  
 • I authorize Amway Phils. to issue GCash account (for Local ABO only)  
 Mother's Maiden Name: \_\_\_\_\_  
 With existing Globe/TM Number  
 Globe/TM Number: \_\_\_\_\_  
 without GCash Account  
 with GCash Account but without GCash Card  
 with GCash Account and GCash Card  
 **Authorization to Claim:** I authorize (full name) \_\_\_\_\_ to collect and/or pick-up the GCash Card on my behalf.  
*Important: Please provide valid IDs of both the applicant and authorized person upon claiming.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

**D SPONSOR (Identify the local ABO who introduced you to AMWAY)**

Sponsor's ABO Number \_\_\_\_\_

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

**E If applicable select only one below**

<p>Complete if you also have an international sponsor.</p> <p><b>International Sponsorship</b></p> <p><input type="checkbox"/> Please check here and proceed to addendum A if you have been introduced to the Amway business by an Amway distributor from another market.</p>	<p>Complete ONLY if you are eligible to sponsor yourself in this market.</p> <p><b>Multiple Business</b></p> <p><input type="checkbox"/> Please check here and proceed to addendum B if you are designating yourself as the international sponsor in the market.</p>
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This application constitutes the contractual offer of the undersigned individual(s) addressed to Amway Philippines, L.L.C., to enter into Amway Business Owner Agreement under the terms and conditions specified on the reverse side. The applicant(s) hereby certify that they are at least 18 yrs. old, Filipino citizens, or are qualified to do business in the Philippines, and that they, including their respective spouses, if any, have no existing Amway distributorship in the Philippines.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-Applicant

