

Γ

Amway Philippines, L.L.C 4th Floor Kentek Building, 828 Antonio Arnaiz Ave., San Lorenzo Village, Makati City 1223 Philippines Tel. No. (632) 635-1815 Fax No. 812-4184 AMWAY BUSINESS OWNER CHANGE REQUEST INSTRUCTIONS: Please type or print clearly. Please sign and attach valid ID before submission.

ABO Number	ABO Name		
Correction of Name			
Surname	First Name		Middle Name
Change of Address			
House no./Unit/Block #	Street/Subd. B		irangay
City/Municipality		Province	
Preferred type of Communication			
Mobile No.	Telephone No.	Email Address	
Occupation/TIN Number			
Main Applicant Occupation	TIN Number	Co – Applicant Occupation	TIN Number
Correction of Birth Date			
Applicant 1 Applicant 2		t 2	
(Required to submit valid ID and Marri Surname	First Name	d Wife)	Middle Name
	Mobile No.	Email Address	Co-Applicant Birth Date
Bank Account Registration *Checks an Account name should be main applican		must be under the corporation n	Savings Checking
BANKBank Nam	e	Account Number	Account Name
GCASH Globe/TM Mobil	e Number ID and passbook/Withdrawal	Name or Deposit Slip (for Bank)	
By providing personal information and Amway Business Owners and Member contains details about the processing c contacting us at <u>privacy@amway.com</u>	s (accessible here: https://wv	ww.amwayglobal.com/privacy-n	otice/philippines/#abo) which

٦

Date: ___