



MEMBERSHIP CODE

STOCKIST CODE

LONGLIQI INTERNATIONAL (KE) LIMITED
INDEPENDENT DISTRIBUTOR APPLICATION FORM

FP UP RP RT

PLEASE FILL USING BLOCK LETTERS

SPONSOR'S & PLACEMENT INFORMATION

SPONSOR'S CODE
 KE

SPONSOR'S NAME

PLACEMENT'S CODE
 KE

PLACEMENT'S NAME

APPLICANT'S PARTICULARS

APPLICANT'S NAME

ID/PASSPORT/DRIVER'S LICENSE/NUMBER

PHONE NUMBER

DATE OF BIRTH
 (D)/ (M)/ (Y)

GENDER: MALE FEMALE

BOX: _____ **CITY:** _____ **COUNTY:** _____

BANK NAME: _____ **BANK BRANCH:** _____

ACCOUNT HOLDER'S NAME: _____ **ACCOUNT NUMBER**

Next of Kin _____ **ID No** _____

PRODUCTS

Product	PV	Qty	Price	Amount	Product	PV	Qty	Price	Amount

Total PV **TOTAL:-** _____

YES! I wish to apply for (please tick '✓') (I UNDERSTAND THIS PROMO

PROMO Q - SILVER 60PV
 PROMO GOLD 240PV
 PROMO PLATINUM 720PV

PROMO SILVER 120PV
 PLATINUM VIP 1680PV

THIS CONTRACT IS SUBJECT TO A COOLING-OFF PERIOD OF 5 WORKING DAYS

I certify that all the above information is true and correct. I have read and agreed to the Terms and Conditions contained on the reverse side of this document, I understand that this independent Distributor Agreement is only effective when the registration is confirmed in the LONGLIQI back office. LONGLIQI has the right to withhold my commission or cancel my membership if I fail to comply with the conditions stated in the Distributor Agreement.

APPLICANT'S SIGNATURE

DATE: (D)/ (M)/ (Y)

FOR OFFICE USE ONLY

CASH SALES NUMBER

PAYMENT TYPE: CASH BANK DEPOSIT/ TRANSFER

AMOUNT

STOCKIST SIGNATURE

RECEIVED BY COMPANY

IMPORTANT: PAYMENT SLIP/BANK MUST BE ATTACHED AND SUBMITTED TOGETHER WITH THIS FORM .WHITE FOR COMPANY .YELLOW FOR STOCKIST . PINK FOR DISTRIBUTORS

www.longrichkenya.org