



Distributor ID No:

PIN:

Full Name:

I hereby request to have my commission payment paid directly in **GBP** to my bank account as detailed below:

Account Name:

ACCOUNT NUMBER:

SORT CODE:

Bank Name:

Bank Address:

Bank Country:

Signed:

Date:

**Please submit the completed form to European Member Services or
fax to +44 (0)203 857 3431.**