



ENAGIC France
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NAME CHANGE REQUEST

PLEASE FILL THIS DOCUMENT IN CAPITAL LETTERS AND PROVIDE ALL INFORMATION NEEDED

ID NUMBER	4 _____
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ACTUAL IDENTIFICATION DETAILS	➔	NEW IDENTIFICATION DETAILS REQUESTED
Complete name		Complete name
Address		Address
Zip		Zip
City		City
Country		Country
Tel		Tel
Mobile		Mobile
E-Mail		E-Mail

Please verify that all information on this request is correct and accurate. **Any request containing wrong information will be rejected.**

All Name Change requested are charged 40€ of administrative costs

PAYMENT OPTIONS

<input type="radio"/> WIRE TRANSFER	Bank information for payment: CIC PARIS GOBELINS IBAN: FR76 3006 6105 5100 0200 9890 156 BIC: CMCIFRPPXXX	Please joint a proof of payment for a faster registration
<input type="radio"/> CREDIT CARD	Card type : <input type="radio"/> VISA <input type="radio"/> MASTER <input type="radio"/> AMEX Card n° : _____	(Maestro and Electron not supported) Expire : CVV : _____

IMPORTANT:

- Name changes can be processed only between people of the same family.
- It is not possible to transfer one's account to a third party.
- Please attach a copy of your ID card to this request (old and new applicants).
- All name changes must be approved by your 6A distributor.
- The applicant states to takeover any remaining payment on this account.

OLD APPLICANT SIGNATURE		NEW APPLICANT SIGNATURE		DISTRIBUTOR 6A'S SIGNATURE	COMPLETE NAME :
DATE	PLACE	DATE	PLACE	DATE	PLACE