PERSONAL DATA CHANGE REQUEST FORM

Amway South Africa (Pty)Ltd, Private Bag X7, Waterfront, 8002 Tel: +27 (0)21 405 1700 Fax: +27 (0)21 405 1716/18/28

Amway South Africa endeavours to ensure that your personal data held by the company is accurate and up-to-date. Please complete this form by filling in your surname, first name, ABO number and ONLY corrected information thereafter. This form may not be used to change the person or legal entity that has contracted with Amway.

Contact Information																														
Please \checkmark to specify which Applicant the changes apply to:											Applicant 1					Applicant 2														
Applic	pplicant 1: Surname & first name (Please leave a space between surname and first name)																													
Applic	ant 2:	Surnar	ne & fii	rst nan	ne (Ple	ase lea	ave a s	pace	betwee	n surn	ame a	nd first	name)				•	•												
ABO Number													ID Number (Applicant 1)																	
]																	1		
Y N													ID Number (Applicant 2)																	
Please confirm if applicant 2 has been previously an ABO																														
	Postal Address (Please leave a space between each word of your address)																													
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Other Documentation

Amway South Africa may provide you and your upline with commission statements, Line Of Sponsorship maps, and/or other documents that contain your personal data. If you feel that any of this personal data is incorrect or wish for such personal data to be deleted from the Amway South Africa or Amway corporate database, please complete the following section of this form expressing your wish for the deletion of such data. Amway South Africa will make your requested changes unless the request for a change is inconsistent with Amway South Africa's independent records or fundamental operating procedures. In such an instance, Amway South Africa will contact you to resolve the inconsistency.

Current Data	Amway documentation on which data appeared	Data as changed per this request*

*Write "Delete Data" in this space if you wish for this element of data to be deleted from our database.

Signature

Signature of Applicant 1 -

I request that my personal data being held by Amway South Africa (PTY) Ltd be changed and/or deleted as indicated in this form. I understand and agree that Amway South Africa (PTY) Ltd will continue to handle the personal data (as changed per this request) in accordance with the Amway Privacy Policy and my previously supplied data consents.

To Amway South Africa (PTY) Ltd

I/We certify that the information provided herein is correct to the best of my/our knowledge.

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Signa	ature of	Applican	12

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Date of Birth



Signature: -