



### Change Position Form

14  
bHIP Global

Distributor	ID _____ Name _____
	Enroll Date _____ Tel _____
	Tax ID No _____ ( )
Sponsor Details : ID _____ Tel _____	
From	ID _____ Name _____
	Tax ID No _____ ( )
Change	Tel _____
	Left / Right ( )
To	ID _____ Name _____
	Tax ID No _____
Tel _____	
Left / Right ( )	
<b>DEALERSHIP NUMBER (OFFICE USE ONLY)</b> _____	

I have reviewed this document in full and hereby swear that the information provided is accurate. I understand that if statements made in this document are proved false or fraudulent, it may result in the loss of my commissions, IBC, or both.

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Try it... Feel it... Share it...

\_\_\_\_\_  
\_\_\_\_\_

