Membership Number

Sponsor's Number

Healthway Natural Products (Pty) Ltd
11 Birkenhead Rd
Waves Edge, Tableview
7441
Tel: +27 (21) 556-7538
Fax: +27 (21) 556 6784
E-Mail: info@healthway.co.za

CONSULTANTS APPLICATION FORM

First Name | Initials | Last Name

Residential Address

Postal Address

ID Number | Passport Number | Tax Country

Telephone Home | Telephone Work | Fax

Cell Number | E-Mail Address

Gender Male ☐ Female ☐ Have you or your partner ever registered as an Consultant for Healthway? Yes ☐ No ☐

If yes, when did Consultancy end? _____ What was your previous Consultant Number?

VAT Number | Income Tax Number

Sponsor's First Name | Sponsor's Last Name

Sponsor's Contact Number | Sponsor's E-Mail Address

Banking Details

Account Holder

☐ Cheque ☐ Savings ☐ Transmission

Bank Name | Branch Name

Account Number | Branch Code

I, _____ , hereby grant Healthway or its nominee, the right to make all future commission and royalty payments directly into the above account.

Terms And Conditions

I hereby acknowledge that I have read and understood all the terms and conditions, and agree to be bound by them. I also acknowledge that I have reviewed all the Conduct Rules and Policies and accept that they form part of this agreement.

Signed at _____ on this the _____ day of _____200__

Applicant's Signature_____ Partner's Signature_____

Top Copy: Healthway Bottom Copy: Applicant