



New Enrollee Change Form

For up to **two months following the month of enrollment**, an enroller can move a personal enrollee within their business organization. In order to request a move, please complete this form and return it to Melaleuca Southeast Asia (Malaysia) Sdn. Bhd.

Person initiating change : _____
(Enroller Name) (ID)

Please move : _____
(Customer / Marketing Executive Name) (ID)

To be directly under : _____
(Customer / Marketing Executive Name) (ID)

Enrollee's enrollment date : _____ (The enrollment date is the date of the online enrollment, phone enrollment, or receipt of Customer Agreement, whichever comes first.)

I, _____, _____ would like to pay for this change.
(Name) (ID)

Please charge **my method of payment on file** - or - **other form of payment** below
 VISA / MASTER CARD DEBIT CARD WEB CASH

Card No. : _____ Exp. Date : _____

Please provide a detailed explanation on why you are making the change. *(Required for processing)*

I, the undersigned, requested the above change. I understand that every business or customer below the customer or Marketing Executive being moved will also be moved, unless this change moves a customer or Marketing Executive out of their enroller's organization, and any organization that does not move will roll up according to Melaleuca's roll-up policy. I further understand that any requested move is limited to 20 businesses/customers moving within my organization in one move or a series of moves submitted together. If the requested move or series of moves involves more than 20 businesses/customers, it will not be approved.

I understand that this change is subjected to acceptance and approval by Melaleuca Southeast Asia (M) Sdn Bhd. Melaleuca requires original signatures; no verbal authorization will be accepted. No faxes or photocopies will be accepted. Any incomplete forms or invalid information provided will be rejected. It is my responsibility to ensure the form is properly completed with valid information. Please allow a minimum of 30 days for review of this request. All approved changes will be processed from the 15th - 25th of each month.

There will be a RM20.00 fee for each customer or Marketing Executive moved in the organization.

Signature of Enroller : _____ Enroller's ID : _____

By signing above, I authorize Melaleuca to charge the above indicated account the total amount due for the above requested change. I understand that failure to pay for the total amount due will result in the immediate cancellation of the requested change.

For Office Use Only

Received by : _____ Chargeable Fee : _____
Review by : _____ Approved / Rejected
Processed by : _____
Remark : _____