## DISTRIBUTORSHIP DATA UPDATE REQUEST FORM

Please complete all the applicable fields. Incomplete form will not be processed.

1. REQUESTER DETAILS  Paguester Name (in BLOCK LETTER)	Code
Requester Name (in BLOCK LETTER)	Code
. TYPE OF REQUEST	
Distributorship Data	
Jame :	Date of Birth :
/C or ID :	(DD/MM/Y
Contact Information *	
Address :	
Postcode : Town :	
Country :	Email :
Fel. (Res) :	Mobile No:
Reason for change of address:	
Spouse	
Name :	I/C or ID :
* Please attach Marriage Certificate	
Beneficiary	I/C or ID ·
Name:	
Relationship :  Bank Account	
Account Holder Name :Account Holder Address :	
Bank Name :	
Bank Branch No./Bank Code:	
Bank Address:	SWIFT Code :
Others (please specify)	
B. DECLARATION  a. I hereby request that my personal data being held by New B	Bibek Enterprises Pvt 1 td. can be changed modified and/or
deleted as indicated in this form.	The state of the s
<ul><li>b. I hereby confirmed that the personal data given above are tr</li><li>c. I hereby consent to and fully authorize New Bibek Enterprise</li></ul>	
by me or whichever available with New Bibek Enterprises Pr	
Ltd. Privacy Policy.	
d. Please attach proof for relevant changes requested.	
Signature of Requester :	Date :
FOR HEAD OFFICE USE ONLY	
Endorsed by :	
Name : Position :	
Position :	