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# NAME CHANGE REQUEST

PLEASE FILL THIS DOCUMENT IN CAPITAL LETTERS AND PROVIDE ALL INFORMATIONS NEEDED

**ID NUMBER** \_\_\_\_\_

ACTUAL IDENTIFICATION DETAILS		NEW IDENTIFICATION DETAILS REQUESTED	
Complete name		Complete name	
Address		Address	
Zip	City	Zip	City
Country		Country	
Tel		Tel	
Mobile		Mobile	
E-Mail		E-Mail	

Please verify that all information on this request is correct and accurate. **Any request containing wrong information will be rejected.**

**All Name Change requested are charged 40€ of administrative costs**

### PAYMENT OPTIONS

<input type="radio"/> <b>WIRE TRANSFER</b>	Bank information for payment: CIC PARIS GOBELINS IBAN: FR76 3006 6105 5100 0200 9890 156 BIC: CMCIFRPPXXX	<b>Please joint a proof of payment for a faster registration</b>
<input type="radio"/> <b>CREDIT CARD</b>	Card type : <input type="radio"/> VISA <input type="radio"/> MASTER <input type="radio"/> AMEX Card n° : _____	<b>(Maestro and Electron not supported)</b> Expire :          CVV : _____

### IMPORTANT:

- Name changes can be processed only between people of the same family.
- It is not possible to transfer one's account to a third party.
- Please attach a copy of your ID card to this request (old and new applicants).
- All name changes must be approved by your 6A distributor.
- The applicant states to takeover any remaining payment on this account.

OLD APPLICANT SIGNATURE	NEW APPLICANT SIGNATURE	DISTRIBUTOR 6A'S SIGNATURE	COMPLETE NAME :
DATE	DATE	DATE	
PLACE	PLACE	PLACE	