



Distributor DATA REQUEST FORM

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

EMPLOYEE DETAILS MIDDLE EAST

Position	Name	Code			
<input type="checkbox"/> Authorized Agent		/ /	/ /	/ /	/ /
<input type="checkbox"/> Authorized Distributor		/ /	/ /	/ /	/ /
<input type="checkbox"/> Main Distributor		/ /	/ /	/ /	/ /
<input type="checkbox"/> Star seller		/ /	/ /	/ /	/ /

PERSONAL INFORMATION

Employee Data

Name: _____ **Passport No.:** _____
 (Arabic) _____ (DD/MM/YY)

Name: _____ **Date Of Birth:** _____
 (English) _____ (DD/MM/YY)

ID: _____ **Nationality:** _____

Contact Information

Address: _____ **Tel:** _____

City: _____ **Mobile:** _____

Country: _____ **E-mail:** _____

* NOTE: In the event that a Distributor requests to change his/her Country and Address, the said member will need to Claim his/her old bonus from the old country where it was generated.

Education & Skills

Degree: _____ **Computer:** _____
 (Skills)

Occupation _____ **English:** _____
 (Current)

Bank Information

Account Holder: _____ **Account Number:** _____

Full Bank Name: _____ **Bank Branch or Code:** _____

IBAN Code: _____ **SWIFT Code:** _____

DECLARATION

- a. I hereby request that my personal data being held by GCCNature be changed and/or deleted as indicated in this form
- b. I hereby confirmed that the personal data given above are true.
- c. I hereby give my free and absolute consent to GCCNature to handle/process my personal data disclosed by me personally in accordance with the GCCNature.

Signature of Requeste _____ **Date:** _____