

Partner Number Transfer Request pursuant to § 6 DA

between REiCO & Partner Vertriebs GmbH Zunftstraße 3 86869 Oberostendorf hereinafter „REiCO“ and the below-named person hereinafter „Distributor“.

Reason for the transfer

Previous Data	
Distributor Number	
Last Name, First Name	
Address	
Email	
Telephone	

Requested transfer date _____

I hereby confirm that my distributorship is to be transferred to the person named

City, Date, Signature

New Data	
Last Name, First Name	
Address	
Date of Birth	
Telephone	
Email	
Account Holder	
IBAN/BIC	
VAT No	
Fiscal Code (only in Italy)	

☐ Copy of identification card or trade licence for legitimation purposes is enclosed. (The requested documents shall be stored separately and securely. This is required by law as evidence from the authorities and serves to verify that the applicant is a juristic person.)

I hereby confirm that I accept the distributorship. As part of this, I agree to the Distributor Agreement. I am aware of the Marketing Plan along with the Factor List, the Fee Schedule, and the Corporate Identity Guidelines and will implement them accordingly.

City, Date, Signature

REiCO hereby agrees to the transfer:

City, Date, Signature

Note

The transfer of the distributor number to the newly named person does not lead to any changes within the structure. The distributor may terminate their distributorship at any time (the structure then goes to the sponsor) and subsequently submit an application for reinstatement with another sponsor after six months (see § 7 DA).

*The gender-neutral pronouns used herein represent both the male and female pronouns and thus include all genders.