

TIENS Distributor Reactivation Application

DS Name		Former DS ID		Former DS Rank	
Birthday		Nationality		Gender	
Personal ID	Tel				
Full Address					
Email					
Sponsor Name		Sponsor ID		Sponsor Rank	
Sponsor Nationality		Sponsor Contact			
Reason of Reactivation	Applicant Signature: _____ Date: _____				
Opinion of Sponsor:			Opinion of Direct Downlines:		
Date: _____			Date: _____		
Opinion of Branch Person-in-charge:					
Date: _____					
Opinion of Region Person-in-charge:					
Date: _____					
Approval by CHQ / Chairman:					
Date: _____					

Note: 1, The form must be personally completed by applicant

2, Applicant is required to provide a copy of Personal ID together with the application