

## CONSULTANT MOVEMENT FORM

A. MANAGER'S DETAILS					
FIRST NAME					
SURNAME				DR./MR./MRS./MISS	
BOTLE BUHLE BRANDS ID		ввв м.	ANAGER ID NO.:		
B. CURRENT DISTRIBUTORS DETAILS					
FIRST NAME					
SURNAME				DR./MR./MRS./MISS	
BOTLE BUHLE BRANDS ID				_	
C. REASON FOR MOVEMENT					
CONSULTANT NAME	CONSULTANT	CONSULTANT	CONSULTANT	CONSULTANT CONSULTANT	
CONSCENTINATE	ID/PASSPORT NO.	CELLPHONE NO.	PHYSICAL ADDRESS	TOWN/SUBURB PROVINCE	
D. NEW MANAGER/ DISTRIBUTOR DETAILS					
	DISTRIBUTOR DI	ETAILS			
FIRST NAME					
SURNAME				DR./MR./MRS./MISS	
BOTLE BUHLE BRANDS ID BBB MANAGER ID NO.:					
E. RULES					
<ol> <li>No Consultant can be moved under any circumstances if the Consultant owes.</li> <li>Please refer to the BBB Sales Force Consultant Movement Policy and Procedure.</li> </ol>					
F. SIGN OFF					
MANAGER NAME (PRINT)  MANAGER SIGNATURE					
CURRENT DISTRIBUTOR NAME (PRINT)			CURRENT DISTRIBUTOR SIGNATURE		
NEW DISTRIBUTOR NAME (PRINT)  NEW DISTRIBUTOR SIGNATURE					
DATE D D M M Y Y Y					
G. SUPPORT OFFICE UPDATE					

UPDATED BY SIGNATURE

UPDATED BY NAME (PRINT)

DATE