

# INDEPENDENT CONSULTANT TRANSFER REQUEST FORM



**TIENS**

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For Inquiries: info@tiensna.com

Date: \_\_\_\_\_

## REQUIRED PERSONAL INFORMATION

LAST (FAMILY) NAME			
FIRST NAME			
ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE			
TELEPHONE NUMBER			
ALTERNATE TELEPHONE NUMBER			
EMAIL ADDRESS			
COUNTRY TRANSFERRING FROM			
YOUR TIANSHI IDENTIFICATIONS (ID) NUMBER			
SOCIAL SECURITY NUMBER/SOCIAL INSURANCE NUMBER (REQUIRED)			
AUTHORIZED SIGNATURE OF ORIGINAL BRANCH:		AUTHORIZED SIGNATURE OF REQUESTED BRANCH:	

## REQUIRED SPONSOR'S/ ENROLLERS INFORMATION

NAME			
IDENTIFICATION (ID) NUMBER			

PLEASE TRANSFER MY TIANSHI DISTRIBUTORSHIP TO TIANSHI NORTH AMERICA. I UNDERSTAND THAT THE PRODUCTS AND COMPENSATION PLAN IN NORTH AMERICA MAY DIFFER FROM THAT OF MY HOME COUNTRY, AND I AGREE TO ALL THE TERMS AND CONDITIONS OF TIANSHI NORTH AMERICA.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE SELECT YOUR REGION: CANADA \_\_\_\_\_ USA \_\_\_\_\_