



Bonvera  
1815 E. Central Ave.  
Wichita, KS 67214  
Tel: (316) 616-0465

# Multiple Applicant, Partnership or Corporation Registration

**NOTE: If you used a Federal ID number on your Application, you must complete this form.**

## Principals of Multiple Registration

**(1)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(2)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(3)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(4)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(5)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(6)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

## DBA, Corporate Name(s) to appear on commission checks and correspondence

DBA / Corporate Name

☐ Social Security Number or ☐ Federal ID Number

Address of Above

City County State Zip

Bonvera does not assume responsibility for the legality of the partnership or corporation listed above. Registration and tax requirements, local, state, and federal, are the responsibility of the above. The signatories agree that this form is an addendum to and part of the Independent Associate Application and Agreement Form. See also the Policies and Procedures.

OFFICE USE ONLY

(3) copies of this completed form shall be made:

(1) for Home Office

(1) for Associate

(1) for Enroller

09/01/16