

REQUEST TO CHANGE AGENCY AREA

I wish to	transfer my E Banc Trade membership account number	, in the
name of .	name of agency region	, to the agency area
of name of ac	I confirm that I ha	ve remained in my original
agency ar	rea,, for not les	s that eight weeks, <u>and</u>
<u>understa</u>	and that this transfer will not take place until all o	outstanding cash fees on
my acco	unt have been paid to head office.	
	ning this form, both the existing regional agent and regions s transferring, understand that this transfer will not take	-
	on the member's account have been paid under the original	_
	, , , , , , , , , , , , , , , , , , ,	ginal agene, alea
Name:	(E Banc Trade Account Owner)	
Authorise	d Signatory	Date:
Name:	(Original Agent)	
Authorise	d Signatory	Date:
Name:	(New Agent)	
Authorise	d Signatory	Date:

This form, together with payment for all outstanding cash fees, must be mailed to National Head Office at Locked Bag 151, Buddina 4575 before the transfer will take place.