LovisaLife Independant Agent Sign Up Form

Name: _____

Surname: _____

Referral name: _____

Date of birth (must be older than 18): _____

ID: _____

Address: _____

_____ City/Town: _____ Code: _____

Delivery address: _____

Email: _____

Mobile number: _____

Company (if currently working): _____

BANKING DETAILS

Name of account: _____ Bank: _____

Account number: _____

Signature: _____

Looking forward to having you on our team!

Living naturally with LovisaLife.