TOP UP FORM

First Vita Plus Marketing Corp.

☐ CHAMPIONS ☐ VISIONARIES ☐ WINNERS ☐ OTHERS

This is to authorize Mr./Ms. _____ , of legal age, with Busines Associate / Dealer No. _____ , to pay for the Top Up Fees, and claim the TOP UP PASSes (TUPs) on behalf the following Downlines / Dealers listed below:

BA / Dealer Number*	**Dealer Name** (Last Name/1st Name)	**MOBILE NUMBER**	**QTY of TOP UP**	**TOTAL AMOUNT**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

*Dealer No. should be the same Dealer No. used to purchase the Event Entry Package.

TOTAL AMOUNT TO BE PAID **P**

AUTHORIZED REPRESENTATIVE:

NAME IN PRINT / SIGNATURE EMAIL ADDRESS CONTACT NUMBER MODE OF PAYMENT DATE PAID/SIGNED

(OPTIONAL) Please indicate Product Center or Satellite Center where you would want the TOP UP PASSES deliverd. _____

Requirements/Terms:

1 Top Up Form to be signed above Name in Print by the Leader/Authorized Representative.
2 Names in this list will subject to verification, in terms of dealer identity, eligibility for Top Up Category, others.
3 Authorized Representative shall be responsible/accountable for the receipt and distribution of the Top Up Passes (TUPs) generated from this transaction. All Top Up Passes are required to claim the dealers' Digital Power Wristbands (DPW) at the event venue on January 8, 2027.