

MEMBERSHIP CONSOLIDATION REQUEST FORM

Dear FAR MORE Rewards

This is to confirm the consolidation of all existing FAR MORE Rewards individual memberships under our company _____ (company name) into one corporate membership to be managed by our employee _____ (name of authorized employee) with membership number _____ (FMR membership number) with effect from _____ (date).

The above employee will be the sole person authorized by our company to participate in the FAR MORE Rewards program and to manage the rewards and benefits offered by FAR MORE Rewards on behalf of the company.

Kindly release to us the list of employees who are current members and their points balance from these department(s):

- Administration
- Finance
- Human Resources
- Procurement
- Sales/Marketing
- All of the above
- Others (pls specify): _____

These employees will be notified by us internally and obliged to the consolidation.

For clarification, please contact the undersigned.

Name : _____
 Designation : _____
 Company : _____
 Email : _____
 Contact number : _____

 Authorized signature Date Company stamp (**compulsory**)

For FAR MORE Rewards Use	
Approved by	: _____
Remarks (if any)	: _____