

Date: DAY MONTH YEAR

To: Mirza Al Helli & Sons B.S.C. (Closed)

PROMOTER REQUEST FORM

Agency Name	—
Product to Promote	—
Promoter Period	—
Promoter Timing	—
Branch Name	—
Promoter's Name	—
Promoter's CPR No.	—

Place Only SCANNED CPR / FLEXI CARD here

****Note – Conditions For Approval:**

- Place only VALID CPR or else your request will be rejected.
- Place only COLOR SCAN OF CPR for approval. Photos will be rejected.
- All Promoter Requests on the same day or the weekends will be rejected.
- One Form Request is only for One Promoter.
- Promoter should not leave the premises without confirming with the Branch Manager/Supervisor during the scheduled work hours.

Requested by

Name	—
Mob No	—

Place Agency Sign & Company Stamp below

Approved by

Name	Jenna Faye M. Samante
Mob No	3358 1333

Place AlHelli Sign & Company Stamp below