

## דוטרה שיווק בע"מ

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### **Payment Form for Israeli Wellness Advocates registered in Europe (NFR)**

#### Personal Details:

Name \_\_\_\_\_

doTERRA ID \_\_\_\_\_

Israeli ID \_\_\_\_\_

Name in doTERRA Account \_\_\_\_\_

#### Bank Details:

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Branch # \_\_\_\_\_

Beneficiary \_\_\_\_\_

#### AR/Amount Details:

AR Month/Year \_\_\_\_\_

AR amount in account (in Euros) \_\_\_\_\_

Amount requested in Euros \_\_\_\_\_

#### Tax Details:

Please indicate the correct status:

- I am registered as a עוסק פטור/ עוסק מורשה .
- I am registered as a company: ח.פ. \_\_\_\_\_ (please fill in)
- I am not registered with the Israel Tax Authorities.

#### Approval/Confirmation

I confirm that all the information I have submitted is correct and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email the filled-out form to: [ilcommissions@doterra.com](mailto:ilcommissions@doterra.com)**