



PLEASE PRINT CLEARLY IN CAPITAL LETTERS

NOT TO BE USED FOR THE SIGN UP OF NEW IBOs.

Note: Prospects wishing to join ACN should complete the IBO Agreement via:

- acnpacific.com or
- an IBOs Distributor Website

Applicant Individual/
Sole Traders Company
(Proprietary company only)
Must supply Business Paperwork
incl. certificate of incorporation
See section 1.4 of ACN Policies & Procedures for Business Paperwork requirements Trust
Must supply Business
Paperwork incl. trust deed Partnership
Must provide Business Paperwork

Company/Trust/Partnership Name: _____

ABN _____
Required by all applicants

Is the Applicant GST registered? Yes No

Mr. Mrs. Ms. Miss. Date of Birth: ____/____/____

Surname: _____
First Name: _____
Non-individual applicants must specify the authorised contact person in this section.

Email: _____
I herewith express my consent that my email address be subscribed to ACN's email news service.
I further consent to receiving communications from ACN in electronic form, including email and SMS.

Address1: _____
Address2: _____
City/Suburb: _____ Postcode: _____ State: _____
Telephone: (_____) _____ Mobile: _____

Sponsor ACN Business ID: _____

Name: _____

Bank Details for all payments by ACN

I request that all payments made to me by ACN Pacific Pty Ltd be deposited directly to the Applicant's bank account listed below.

Account Name: _____
Account name must be the same as or include Applicant's name.

Bank Name: _____

Bank BSB Code: _____ Account Number: _____

Signature I, the undersigned Applicant, affirm both personally and, if applicable, as a non-individual entity Applicant, that: I am at least 18 years of age; I am a permanent resident of Australia or New Zealand; I am not bankrupt, insolvent or in prison or subject to any other similar restriction set out in clause 1 over page; I am not someone who has been previously terminated by an ACN Company as an Independent Business Owner (IBO); and I have a valid Australian Business Number, an Australian mailing address and bank account maintained in Australia.

I hereby apply to become an IBO of ACN Pacific Pty Ltd (ACN) with a home country of Australia. I have fully and carefully read and agree to abide by all Terms and Conditions of this Agreement, the Compensation Plan and the Policies and Procedures, which are incorporated by reference herein. I understand and acknowledge that: success as an ACN IBO is not guaranteed but depends on my specific efforts and other circumstances that may be beyond my control; no prospect of employment has been presented to me by ACN; my potential income is solely based on commissions and bonuses for obtaining customers; as an IBO, I am not guaranteed any income nor am I assured any profits or success, and I certify that no claims of guaranteed profits or representations of expected earnings that might result from my efforts as an IBO have been made by ACN or any person who introduced me to the opportunity to become an IBO. I understand that this Agreement is not binding until received and accepted by ACN (which may accept my application, accept it subject to conditions, or reject it).

Individual or Partner 1 or Trustee 1 Partner 2 or Trustee 2 Partner 3 or Trustee 3

Director/Sole Director: _____ Director/Company Secretary: _____

Date: ____/____/____ Your Business ID Number is: _____
D D M M Y Y

10 Day Cooling Off Period Applies
(see clause 6 over leaf)