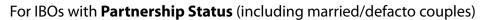
Form 1





1. Details		
This document has been provided by Conxxion for th	e purpose of documenting the	names of all partners of:
Name of Partnership (print here)		
Conxxion Business ID (print here)	ABN (print here)	
Address		
2. Partnerships		
As a partner of the partnership referenced above, I certify that tagree to notify Conxxion of any changes.	the information provided on this form	m is true and correct and that I
I also understand that any activity that I undertake as an IBO m and the Conxxion IBO Agreement.	ust be performed in accordance with	n Conxxion's Policies and Procedures
By signing the form, I confirm that I have read and understood Procedures, and that I agree to comply with these conditions.	the conditions of the IBO Agreemen	t and the Policies and
Please provide the requested information in the table belo	w for all partners of the partnersh	ip:
Partner		
None	// Date of Birth (DD/MM/YYYY)	Ownership %
Name X	//	Ownersnip %
Signature	Date (DD/MM/YYYY)	Signature of Witness
Partner		
Name X	Date of Birth (DD/MM/YYYY)	Ownership %
Signature	//	Signature of Witness
Name	Date of Birth (DD/MM/YYYY)	Ownership %
Signature	//	Signature of Witness
	1 1	
Name	Date of Birth (DD/MM/YYYY)	Ownership %
X Signature	//	Signature of Witness
Partner	1 1	
Name	Date of Birth (DD/MM/YYYY)	Ownership %
X	//	
Signature 	Date (DD/MM/YYYY)	Signature of Witness — — — — — — — — — — — — — — — — — — —
Partner	,	
Name	//	Ownership %
X	//	
Signature	Date (DD/MM/YYYY)	Signature of Witness

Post the document to: Conxxion Pty Ltd, Suite 2 Level 1, 19-23 Hollywood Ave, Bondi Junction, NSW 2022