

Form 1



For IBOs with **Partnership Status** (including married/defacto couples)

1. Details

This document has been provided by ACN for the purpose of documenting the names of all partners of:

Name of Partnership (print here) _____

ACN Business ID (print here) _____ ABN (print here) _____

Address _____

2. Partnerships

As a partner of the partnership referenced above, I certify that the information provided on this form is true and correct and that I agree to notify ACN of any changes.

I also understand that any activity that I undertake as an IBO must be performed in accordance with ACN's Policies and Procedures and the ACN IBO Agreement.

By signing the form, I confirm that I have read and understood the conditions of the IBO Agreement and the Policies and Procedures, and that I agree to comply with these conditions.

Please provide the requested information in the table below for all partners of the partnership:

Partner

Name	____/____/____ Date of Birth (DD/MM/YYYY)	_____ Ownership %
<input checked="" type="checkbox"/> Signature	____/____/____ Date (DD/MM/YYYY)	_____ Signature of Witness

Partner

Name	____/____/____ Date of Birth (DD/MM/YYYY)	_____ Ownership %
<input checked="" type="checkbox"/> Signature	____/____/____ Date (DD/MM/YYYY)	_____ Signature of Witness

Partner

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Partner

Name	____/____/____ Date of Birth (DD/MM/YYYY)	_____ Ownership %
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Partner

Name	____/____/____ Date of Birth (DD/MM/YYYY)	_____ Ownership %
<input checked="" type="checkbox"/> Signature	____/____/____ Date (DD/MM/YYYY)	_____ Signature of Witness

Partner

Name	____/____/____ Date of Birth (DD/MM/YYYY)	_____ Ownership %
<input checked="" type="checkbox"/> Signature	____/____/____ Date (DD/MM/YYYY)	_____ Signature of Witness

Alternatively, you can post the document to: ACN Pacific Pty Ltd, G2 19-23 Hollywood Ave, Bondi Junction, NSW 2022