

Form 2

For IBOs with **Company Status**



1. Details

This document has been provided by Conxxion for the purpose of documenting the names of all shareholders, directors and officers of:

Name of Company (print here) _____

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

Address _____

2. Shareholders, Directors and Officers

As a shareholder/director/officer of the company referenced above, I certify that the information provided on this form is true and correct and that I agree to notify Conxxion of any changes.

I also understand that any activity that I undertake as an IBO must be performed in accordance with Conxxion's Policies and Procedures and the Conxxion 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 shareholders, directors and officers of the company:

Shareholder / Director / Officer (circle whichever one or more are applicable)

Name X	____/____/____ Date of Birth (DD/MM/YYYY)	_____ Ownership % (Shareholders only)
Signature	____/____/____ Date (DD/MM/YYYY)	X Signature of Witness

Shareholder / Director / Officer (circle whichever one or more are applicable)

Name X	____/____/____ Date of Birth (DD/MM/YYYY)	_____ Ownership % (Shareholders only)
Signature	____/____/____ Date (DD/MM/YYYY)	X Signature of Witness

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Signature	____/____/____ Date (DD/MM/YYYY)	X Signature of Witness

Post the document to: Conxxion Pty Ltd, Level 5 100 Market Street, Sydney, NSW 2000