

Form 2

For IBOs with **Company Status**



1. Details

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

Name of Company (print here) _____

ACN 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 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 shareholders, directors and officers of the company:

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

Name _____

____ / ____ / ____
Date of Birth (DD/MM/YYYY)

Ownership % (Shareholders only)

X

____ / ____ / ____

X

Signature _____

Date (DD/MM/YYYY)

Signature of Witness _____

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

Name _____

____ / ____ / ____
Date of Birth (DD/MM/YYYY)

Ownership % (Shareholders only)

X

____ / ____ / ____

X

Signature _____

Date (DD/MM/YYYY)

Signature of Witness _____

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

Name _____

____ / ____ / ____
Date of Birth (DD/MM/YYYY)

Ownership % (Shareholders only)

X

____ / ____ / ____

X

Signature _____

Date (DD/MM/YYYY)

Signature of Witness _____

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

Name _____

____ / ____ / ____
Date of Birth (DD/MM/YYYY)

Ownership % (Shareholders only)

X

____ / ____ / ____

X

Signature _____

Date (DD/MM/YYYY)

Signature of Witness _____

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

Name _____

____ / ____ / ____
Date of Birth (DD/MM/YYYY)

Ownership % (Shareholders only)

X

____ / ____ / ____

X

Signature _____

Date (DD/MM/YYYY)

Signature of Witness _____

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

Name _____

____ / ____ / ____
Date of Birth (DD/MM/YYYY)

Ownership % (Shareholders only)

X

____ / ____ / ____

X

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