## Form 1



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

1. Details		
This document has been provided by ACN for the purpo	se of documenting the names	of all partners of:
Name of Partnership (print here)		
ACN Business ID (print here)	IRD (print here)	
Address		
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 %
X Signature	//	Signature of Witness
Partner		
Name	Date of Birth (DD/MM/YYYY)	Ownership %
X	//	
Signature	Date (DD/MM/YYYY)	Signature of Witness
Partner		
Name	// Date of Birth (DD/MM/YYYY)	Ownership %
X	1 1	
Signature	Date (DD/MM/YYYY)	Signature of Witness
Partner		
Name	// Date of Birth (DD/MM/YYYY)	Ownership %
X	///	ownership //
Signature	Date (DD/MM/YYYY)	Signature of Witness
Partner		
	//	
Name	Date of Birth (DD/MM/YYYY)	Ownership %
X Signature	//	Signature of Witness
Partner		
Name	//	Ownership %
Х	//	·
Signature	Date (DD/MM/YYYY)	Signature of Witness
Alternatively, you can post the document to: ACN Pacific Pty Ltd, P.O. Box 90694, Victoria Street West, Auckland 1142.		

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