

# 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) \_\_\_\_\_ Company No. (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)

|                           |   |  |
|---------------------------|---|--|
| _____<br>Name<br><b>X</b> | _____/_____/_____<br>Date of Birth (DD/MM/YYYY) | _____<br>Ownership % (Shareholders only) |
| _____<br>Signature        | _____/_____/_____<br>Date (DD/MM/YYYY)          | _____<br>Signature of Witness            |

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

|                           |   |  |
|---------------------------|---|--|
| _____<br>Name<br><b>X</b> | _____/_____/_____<br>Date of Birth (DD/MM/YYYY) | _____<br>Ownership % (Shareholders only) |
| _____<br>Signature        | _____/_____/_____<br>Date (DD/MM/YYYY)          | _____<br>Signature of Witness            |

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

|                           |   |  |
|---------------------------|---|--|
| _____<br>Name<br><b>X</b> | _____/_____/_____<br>Date of Birth (DD/MM/YYYY) | _____<br>Ownership % (Shareholders only) |
| _____<br>Signature        | _____/_____/_____<br>Date (DD/MM/YYYY)          | _____<br>Signature of Witness            |

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

|                           |   |  |
|---------------------------|---|--|
| _____<br>Name<br><b>X</b> | _____/_____/_____<br>Date of Birth (DD/MM/YYYY) | _____<br>Ownership % (Shareholders only) |
| _____<br>Signature        | _____/_____/_____<br>Date (DD/MM/YYYY)          | _____<br>Signature of Witness            |

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

|                           |   |  |
|---------------------------|---|--|
| _____<br>Name<br><b>X</b> | _____/_____/_____<br>Date of Birth (DD/MM/YYYY) | _____<br>Ownership % (Shareholders only) |
| _____<br>Signature        | _____/_____/_____<br>Date (DD/MM/YYYY)          | _____<br>Signature of Witness            |

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

|                           |   |  |
|---------------------------|---|--|
| _____<br>Name<br><b>X</b> | _____/_____/_____<br>Date of Birth (DD/MM/YYYY) | _____<br>Ownership % (Shareholders only) |
| _____<br>Signature        | _____/_____/_____<br>Date (DD/MM/YYYY)          | _____<br>Signature of Witness            |

Alternatively, you can post the document to: ACN Pacific Pty Ltd, P.O. Box 90694, Victoria Street West, Auckland 1142.