



**FOREVER  
LIVING PRODUCTS**  
SOUTH AFRICA (PTY) LTD

**DISTRIBUTOR NUMBER  
270**

Trovato House, 1 Coach Road, Wynberg, CAPE TOWN 7800 • TEL: +27 21 761 6001 • FAX: +27 21 761 4271 • www.foreverliving.com

## DISTRIBUTOR APPLICATION FORM

(PLEASE PRINT CLEARLY AND IN INK)

PRINCIPAL DISTRIBUTOR SURNAME	FIRST	MIDDLE	IDENTITY NUMBER / PASSPORT NUMBER
SPOUSE'S SURNAME	FIRST	MIDDLE	IDENTITY NUMBER / PASSPORT NUMBER
STREET ADDRESS	SUBURB	CITY	POSTAL CODE
PROVINCE	COUNTRY	PRODUCT CENTRE TO WHICH BONUS RECAP MUST BE SENT	
DIALING AREA CODE	TELEPHONE NUMBER	CELLPHONE NUMBER	EMAIL ADDRESS
POSTAL ADDRESS			POSTAL CODE

MARITAL STATUS: SINGLE  MARRIED

PRINCIPLE'S DATE OF BIRTH: 

D	D	M	M	Y	Y	Y	Y
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SPOUSE'S DATE OF BIRTH: 

D	D	M	M	Y	Y	Y	Y
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**IF I AM ACCEPTED AS A NEW DISTRIBUTOR, I UNDERSTAND AND AGREE THAT:**

1. I am acting on my own behalf as an individual and that I am 18 years of age or older.
2. This application shall constitute a binding agreement between myself and FLP Products (FLP) at such time as this application is received and approved by FLP's Head Office in Cape Town.
3. I am an independent contractor in the business of selling consumer products. I am not an employee or legal representative of FLP for any purpose. I will be responsible for compliance with local statutes and regulations, including, but not limited to, those relating to licensing and taxation. I recognize that my remuneration is based on my performance of a supervisory, distributive, selling or soliciting function in the sales or delivery of products and not on the number of hours worked or an element of chance. FLP shall not be responsible for withholding of any taxes. I.E. I understand that it is my responsibility (Principle Distributor) for the payment of any income tax and/or VAT due to the Receiver of Revenue of the Country of your residence.
4. I have received, read and understood FLP's Company Policy Handbook and agree to operate my business in accordance with the company policy, procedures and marketing plan as set out therein. I accept that any breach thereof, whether if be by way of an act or omission on my part, will entitle FLP to terminate my distributorship, in accordance with the provisions of the Company Policy relating to termination of a distributor Agreement.
5. I acknowledge that FLP may, in its sole discretion, change, amend or modify the terms of this agreement, the company's policy, procedures and marketing plan ( as set out in the Company Policy Handbook and accompanying literature) in order to maintain a viable marketing system, comply with legal requirements and fluctuations in economic conditions. Notice of such a change, amendment or modification to this agreement, the company policy, procedures and marketing plan, will be given by way of a monthly newsletter and I shall be deemed to have been notified once the newsletter is distributed, shall be bound thereby and shall be obliged to operate my business in accordance therewith.
6. I agree to properly represent the company and its marketing plan. All forms of advertising, including, but not limited to, audio and visual tapes and printed material, must be submitted and approved in writing by an authorized company representative prior to use.
7. I understand that all purchase orders must be accompanied by an original bank "account payment" slip as per "Company Policies" for the proper amount, including VAT/taxes, if any.
8. **I MAY TERMINATE MY DISTRIBUTORSHIP IN TERMS OF THIS AGREEMENT AT ANY TIME BY FURNISHING 14 (FOURTEEN) DAYS WRITTEN NOTICE OF TERMINATION TO FLP.** If I should elect to cancel, all products which I purchase from FLP and which are in my possession in a resaleable condition, shall be repurchased in accordance with FLP's company policies and procedures. For this purpose, all products held by me for more than 30 days from date of purchase shall be considered not to be in resaleable condition.
9. I understand that FLP will make its products available to me as a distributor and credit my sales as set forth in the FLP marketing plan.
10. As long as I am a distributor and not in violation of this agreement, FLP shall pay me for my successful sales efforts in accordance with the various bonuses established by the FLP marketing plan.
11. I agree that this agreement is personal in nature and cannot be assigned or transferred, except in the event of my death, wherein the same may be inherited by an individual who can qualify as a distributor.
12. This agreement shall be governed by South African law.
13. **THIS APPLICATION WILL ONLY BE REGISTERED WITH FLP WITH AN OFFICIAL FLP ORDER AND DEPOSIT. (2 CASE CREDITS)**
14. I confirm that the details of my bank as shown below are correct.

YOUR PERSONAL BANK DETAILS																													
BANK: _____	BRANCH: _____	TYPE OF ACCOUNT																											
		SAVINGS <input type="checkbox"/>	CHEQUE <input type="checkbox"/>																										
BRANCH CODE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									ACCOUNT NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

PRINCIPAL DISTRIBUTOR'S SIGNATURE	DATE	SIGNATURE OF APPLICANT'S SPOUSE	DATE
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**SPONSOR'S DETAILS:**

MOTOYAMA	AUBREY	RIKA	001-000-535-210												
SPONSOR'S SURNAME	FIRST	MIDDLE	IDENTITY NUMBER / PASSPORT NUMBER												
8236 WILLOW AVE	CALIFORNIA CITY	CA	93505 UNITED STATES												
SUBURB	CITY	PROVINCE	POSTAL CODE COUNTRY												
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0	0	1	0	0	0	5	3	5	2	1	0				
SPONSOR'S SIGNATURE	DATE	SPONSOR'S DISTRIBUTOR NUMBER													

**PLEASE SEND WHITE COPY TO HEAD OFFICE FOR VERIFICATION AND LOADING**

Directors: Rex Maughan (CEO Worldwide) • Gregg Maughan (USA) • Richard Beeton (Managing)  
Company Registration Number: 1995/002137/07

PINK • Sponsor BLUE • Distributor