



HERBAZONE

DISTRIBUTOR APPLICATION FORM

Re-Application

New Application

NEW DISTRIBUTOR DETAILS:

Full Names: _____ Surname: _____

Nickname: _____

ID No: _____

E-mail: _____

Tel (home): (_____) _____

Fax : (_____) _____

Tel (work): (_____) _____

Cell phone: _____

Promoter: _____

Promoter No: _____

Home address: _____

Postal address: _____ Postal Code _____

Delivery address: _____

I select the following option:

Option 1 - Debit order of R171	<input type="checkbox"/>	Option 2 – Min purchases of R1140	<input type="checkbox"/>	Option 3 – Home user	<input type="checkbox"/>
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BANKING DETAILS:

If all banking details are not furnished, your application cannot be processed. Unfortunately, for security reasons, we cannot accept any credit card accounts.

COPY OF IDENTIFICATION NEEDS TO BE ATTACHED AND SENT TO HEAD OFFICE

Bank Name: _____ Account type: _____

Account no: _____ Branch name: _____

Branch code: _____

FOR OFFICE USE ONLY:

HBA No: _____

Invoice No: _____

Registered by: _____

Date of registration: ____ / ____ / ____

Starter pack Inv No: _____

Starter pack issued by: _____

NOTES

1. If a HerbaZone Distributor has recruited you, it is compulsory for that distributor to sign this application form in the applicable space. The distributor is called your PROMOTER. If the promoter does not sign the form, or if you do not have a promoter, you will not be part of a network, but the beginning of a new network.
2. The PROMOTER who signs the application form will be the one who will potentially benefit from the recruitment pool. If no PROMOTER signs the application form, nobody will benefit from the recruitment pool for the new recruit.
3. A promoter is required to help you, guide you, train and support you in all aspects. By co-signing this agreement, the promoter undertakes to exercise his/her responsibilities towards you.
4. HerbaZone products may not be sold in retail stores on shelves, accessible to the general public unless it is in a consultative environment with a HerbaZone distributor or agent.
5. As distributor, you are responsible to register with your local tax office and submit tax returns declaring the income derived from the activities as HerbaZone distributor. If your personal sales exceed the relevant limit for VAT, it is your responsibility to register for VAT.

AGREEMENT

1. Upon receipt of the signed agreement by Head Office together with proof of payment of the joining fees, you will be registered as a HerbaZone distributor.
2. The initial registration fee includes the first year's annual membership. Membership needs to be renewed annually. Only HerbaZone distributors with an active, valid membership may qualify for discount, downline commission and recruitment pool commission.
3. As a HerbaZone distributor, you are an independent contractor and responsible for taking orders from your customers. You are responsible to execute the order as well as for arranging collection and/or delivery.
4. As a HerbaZone distributor, you are an independent contractor and cannot represent, commit or sign any documentation on behalf of HerbaZone Head Office.
5. Ownership of HerbaZone products purchased by you will not be carried over until the full purchase price has been received.
6. If an agent qualifies for downline commission, the downline commission will be credited directly against the agents' HerbaZone account at the beginning of the month that follows the one in which downline commission was earned.
7. Downline commission will only be credited to active distributors with a valid membership, who purchase a minimum of R 1140 (VAT incl) product, including specials, per month. All privileges as a HerbaZone distributor are terminated with expiry or termination of membership.
8. As a HerbaZone Distributor, you will be responsible to collect payment in respect of products sold to the buyer. HerbaZone will furnish you with a recommended retail price list.
9. As a HerbaZone distributor, you will be responsible to purchase products for distribution from Head Office or from a HerbaZone depot, before reselling to a customer. The purchase prices are determined according to a sliding scale, based on your previous month's performance. Consult your business guide for details.
10. To assist in sales activities, HerbaZone stationary, promotional material and sales aids can be purchased from HerbaZone Head Office.
11. HerbaZone undertakes to comply with the code of ethics of the Direct Selling Association of South Africa and the Health Products Association of South Africa. In turn, every HerbaZone distributor is required to comply with the respective code of ethics, as well as the code and conduct of HerbaZone.
12. The discount- and/or downline commission structure may be adjusted from time to time. HerbaZone reserves the right to do so, provided that the distributors are notified at least 4 weeks in advance.
13. As a HerbaZone distributor, it is your responsibility to familiarize yourself with the rules and regulations, code of conduct and individual product knowledge. You are encouraged to attend training sessions organized from time to time.
14. As a HerbaZone distributor, you shall not conduct any activities which may be injurious to the reputation of HerbaZone, or their products or any other HerbaZone distributor. Misconduct in this regard will lead to immediate termination of membership.
15. This agreement may be cancelled with the written permission of your promoter, and with the approval of Head Office. You may rejoin under another promoter, provided a new agreement is entered into.
I have read the contents of this document and I am in agreement with all the provisions contained therein.
16. To terminate your membership you are required to give HerbaZone head office written notification which will be processed within a month.
17. **HerbaZone Bank details:** FNB, Acc name: HerbaZone (Pty)Ltd, Acc nr 62048148391, Branch code: 251445
Ref: Your name
18. **HerbaZone Contact details:** TEL: 012 349 1704 FAX: 012 349 1749

Signed at _____ on the _____ day of _____ 20__.

Signature of new distributor: _____ Signature of promoter: _____

PLEASE REMEMBER TO ATTACH A COPY OF YOUR ID DOCUMENT.