

To: ENAGIC NEW ZEALAND LIMITED

Distributor Name \_\_\_\_\_

Distributor ID \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Tel. No. \_\_\_\_\_

Mobile Tel. No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

I hereby confirm that I have reviewed and fully understood the above Policies and Procedures dated December 2019.

I will follow the rules provided in the Policies and Procedures.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*The provisions of the above agreement and other contents of the Policies and Procedures are subject to change in accordance with the provisions of the Policies and Procedures.

**\*Commissions will be withheld until this document is signed and received by ENAGIC NEW ZEALAND LIMITED.**