



AVON JUSTINE (PTY) LTD APPLICATION FORM

Please email completed form to info@beautysa.com or whats app 082 5155 965

(Please complete form using a black pen and write in capital letters)

Business Leader

B/L area code

District number /

New applicant Reinstatement

Surname

First name

Residential address

Postal code

Country South Africa Namibia Lesotho eSwatini Other*

*Specify

ID number

Date of birth - -

Tel. number (H) - -

Tel. number (W) - -

(information required for research purposes only)

Cellphone - -

Age Gender M F

Email address

Delivery address

Postal code

Country South Africa Namibia Lesotho eSwatini

Next of kin name Next of kin contact number

I was referred by a friend YES NO Friend's Representative account number

Why have you decided to join Avon Justine (Pty) Ltd?

- I want to earn money
- I want to learn new skills
- I love the products
- I like recognition
- I want to meet new people
- Justine supports women's causes

I hereby confirm that I have read and understood the terms and conditions contained on the reverse side of this application and acknowledge that all business conducted with the company will be conducted in terms thereof.

Business Leader signature _____

Consultant signature _____ X

Date - -

Date - -

X I, _____ (insert name), the undersigned, hereby acknowledge that I have read and understood the Avon Justine Agreement contained on pages 5 and 6. I hereby acknowledge that I accept the terms and conditions contained in the said agreement and I agree to be bound by them.

X _____ Consultant signature

I, _____ the above Business Leader hereby verify that the attached ID copy is a true copy of the applicant's ID. +