



**ZARABELLA™
PARIS**

BECOME A REPRESENTATIVE FORM

FIRST NAME/S: _____

LAST NAME: _____

IDENTITY NUMBER: _____

E-MAIL ADDRESS: _____

MOBILE: _____

WORK TEL.: _____

HOME TEL.: _____

PROVINCE: _____

TOWN: _____

SUBURB: _____

POSTAL CODE: _____

OCCUPATION: _____

ADDRESS: _____

- I the undersigned understand what becoming a Representative entails and I have read the Terms and Conditions and information on the Zarabella website.
- By becoming a Zarabella Representative I agree to indemnify and hold Zarabella, and its subsidiaries, affiliates, directors, officers, agents, contractors or other parties, and employees, harmless from and against any claim and demand made by any third party being customers who purchase Zarabella jewellery and accessories from me.
- I shall deduct **20% (twenty percent) ONLY** which is my commission from the sales that I make every month.
- I understand that if I violate any Terms and conditions mentioned above and listed on the Zarabella website, Zarabella and/or African Grey Holdings (Pty) Limited, and/or subsidiaries, and/or suppliers reserve the right to pursue any and all legal equitable remedies against me.

WITNESS 1: _____

WITNESS 2: _____

SIGNATURE

*****PLEASE ATTACH CERTIFIED COPY OF IDENTITY DOCUMENT AND E-MAIL TO
info@zarabella.co.za**