


<p><b>APPLICATION AND AGREEMENT FORM</b>          Email: <a href="mailto:jo@kmihome.com">jo@kmihome.com</a>          Website: <a href="http://www.kmihome.com">www.kmihome.com</a></p>		<p><b>Redefine Distribution CC t/a</b>  <b>KMI™ Spray Vitamins South Africa</b>          PO Box 1157, Auckland Park, 2006          , South Africa          Tel: +0861 007 335          Fax: +0866 908 103</p>	Office use only Batch Kit No Ent By
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**SPONSOR INFORMATION**

<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table> Sponsor ID Number																				Sex: <input type="checkbox"/> M <input type="checkbox"/> F Sponsor Name or Company Name _____ Contact Name If Company _____ Daytime Phone Number _____ Evening Phone Number _____ Fax Number _____ Date _____

**APPLICANT INFORMATION**

PLEASE PRINT CLEARLY

Applicant ID Number _____	<b>South Africa</b> Country Where Registered	Date Of Birth (day / mo. / yr.) _____
Applicant Name (Surname First) _____		Company Name (optional) _____
Spouse Or Co-Applicant Name _____		Date Of Birth (day / mo. / yr.) _____
Mailing Address _____		E-Mail Address (optional) _____
City _____	Cell phone Number _____	Postal Code (if applicable) _____
Daytime Phone Number _____	Evening Phone Number _____	Fax Number _____

**Reason for Enrolling:** (please tick one)   
 Wholesale User   
 Retail   
 Business Builder

**PAYMENT METHOD AUTHORISATION FORM**

**BANKING DETAILS**

<input style="width: 100%;" type="text"/>	Bank
<input style="width: 100%;" type="text"/>	Branch
<input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/>	Branch Number
<input style="width: 100%;" type="text"/>	Type of Account
<input style="width: 100%;" type="text"/>	Account Holder
<input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/>	Account Number
Signature of Account Holder	
<input style="width: 100%;" type="text"/>	

**CREDIT CARD DETAILS**

<input type="checkbox"/> Master	<input type="checkbox"/> Visa
<input style="width: 100%;" type="text"/>	
Account Holder	
Credit Card number	
<input style="width: 100%; height: 15px;" type="text"/>	
Expiry Date	CVV Number (last three digits on back of card)
<input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/>	<input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/> <input style="width: 5%; height: 15px;" type="text"/>
Signature of Cardholder	
<input style="width: 100%;" type="text"/>	

I agree with the terms, rules and conditions set out on the back of the distributor form and will abide therewith. **By signing this form I allow KareMor to debit my account with my minimum personal volume units (that is two (2) sprays except for Executives that have to purchase five (5) sprays per month and to credit my account with my bonus every month.** It is understood that KareMor can only pay my bonus into a valid bank account and not into a credit card. I agree that KareMor South Africa will not be responsible for delays as a result of incomplete or incorrect information. KareMor will not process this Application without appropriate signature(s). I hereby acknowledge that this contract together with the KareMor South Africa's Policies and Procedures constitute the full agreement. I have read and understood the Terms and Conditions on the back of this agreement and agree to abide by the Policies and Procedures of KareMor South Africa.

**Standing Order (products the company will send you monthly if so required)**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Sponsor signature

1)

2)

3)

4)

5)

**TERMS AND CONDITIONS OF KAREMOR SOUTH AFRICA**

**MEMBER'S APPLICATION & AGREEMENT:**

1. I am of legal age, in the jurisdiction, in which I reside, to enter into this Agreement. This Agreement becomes effective on the date received, signed by the Applicant, and accepted by the Company in its Fulfilment Centre located at 128 Caroline Street, Brixton, Gauteng, South Africa.

2. Upon acceptance of this application I understand I will become a Distributor Member of the Company and will be eligible to participate in the selling and distribution of the Company's goods and services and receive rebates in connection with such sales in accordance with the Company's Policies and Procedures, and Compensation Plan.

3. I understand that as a Member I am an independent contractor, not an agent, employee or franchisee of the Company. I further understand and agree that I will not be treated as an employee with respect to such services, for income and National Insurance taxes purposes. Nor will I be treated as an employee for purposes of any National Unemployment Tax Act, any National Insurance Contributions Act, any Social Security or Social Insurance Act, or any National Employment Security Act. I understand and agree to pay all applicable federal, national and/or state income taxes, self-employment taxes, VAT taxes, local taxes, and/or local license fees that may become due as a result of my activities under this Agreement. In addition, I hereby warrant to the Company that I am in compliance with all applicable rules, regulations, ordinances, and laws of my home municipality, Province, and Country in connection with my activities as a KMI Member.

4. I agree that as an independent contractor, I will be solely responsible for all statements made regarding the Company's Compensation Plan or products which are not expressly contained in writing in the Company's policies, product description or Compensation Plan.

5. I understand and agree that my remuneration will consist solely of rebates, overrides and/or bonuses, relating to the sale or other output derived from in-person sales, solicitations or orders from ultimate consumers, primarily in the home or otherwise, rather than in a permanent retail establishment.

In accordance with the terms and conditions contained in this Application and Agreement (hereinafter "Agreement"), I hereby submit my application to become an Independent Member, (hereinafter referred to as "Member"), with KareMor South Africa (hereinafter referred to as "Company"), and hereby state and agree as follows:

6. If I decide not to continue as a Member, I may submit my written resignation. Doing so automatically terminates this Agreement. I understand I am not required to maintain an inventory of any kind in order to become a Member.

7. I hereby agree to represent the Company's Compensation Plan fairly and completely, emphasising that retail sales are a requirement, that no recruitment fee can be derived from the mere act of sponsoring other Members, and that no earnings are guaranteed from participation in the Compensation Plan. I agree that I will not make any representations about the actual, potential or expected earnings of any Member of the Company, or make any medical claims.

8. I understand that as a Member, I am not guaranteed any income, nor am I assured any profit or success. I understand the Compensation Plan and that I can only derive commissions upon the sale of the Company's goods and services. I will be free to set my own hours, and determine my own location and methods of selling, within the guidelines and requirements of this Agreement.

9. I further certify that neither the Company nor my sponsor has made any claims of guaranteed earnings or representations of the anticipated earnings that might result from my efforts as a Member. I understand that my success as a Member comes from retail sales, service, and the development of a marketing organisation. I understand and agree that I will make no statements, disclosures, or representations in selling the Company's goods and services or in the sponsoring of other prospective Members, other than those contained in approved Company literature.

10. I understand that the Company requires all Members to obtain prior approval for any content or materials that are placed on the Internet, which includes websites, hyperlink, e-mail communications, or any other electronic or computer-related medium. Further details are included in the Company's Policies and Procedures.

11. In the event I sponsor other Members I agree to perform a *bonafide* supervisory, distributive and selling function in connection with the sale of the Company's goods and services to the ultimate consumer. I also agree to train any Members I may sponsor in the performance of these functions. I agree to have continuing communication and supervision with my sales organisation.

12. I understand and agree that the Company, in order to maintain a viable marketing system, may make modifications in the Policies and Procedures, Compensation Plan, Company literature and product prices. I further agree to be bound by such changes upon publication in official Company literature.

13. I understand that the acceptance of this Application does not constitute the sale of a franchise or a Membership, and that there are no exclusive territories granted to anyone, and that no franchise fees have been paid, nor am I acquiring any interest in a security by the acceptance of this Agreement.

14. The Company may terminate this Agreement if I engage in or am found to have engaged in conduct that could discredit the Company or its Product. I understand the Company is a family oriented business that expects its Members to conduct themselves with the highest ethics and integrity. I agree to do so and represent that I have never been convicted of a felony or charged with and conduct involving fraud or dishonesty.

15. The term of this Agreement is one year. Either party has absolute discretion to not renew this Agreement. The renewal process and fees, if any, are set forth in the Company's Policies and Procedures.

16. All disputes between the Company and me shall be governed by South African and resolved by binding arbitration in accordance with the Company's dispute resolution policy as set forth in the Company's Policies and Procedures. Gauteng shall be the sole and appropriate place for jurisdiction and venue of any dispute between the Company and me.

17. I understand and agree that this Agreement, including the Company's Policies and Procedures, and Compensation Plan, incorporated herein by reference, constitute the entire agreement between the parties hereto. I certify that I have read this Agreement and understand all terms and conditions for participation in KMI South Africa. that I have not been induced into participating in this program by KMI or any KMI Member, and hereby declare that through independent advice and evaluation, I have satisfied myself as to the nature and viability of this business opportunity.

18. A monthly accounting fee of R0.10 per member in your organisation will be deducted from your monthly bonus. An annual subscription renewal fee will be debited to the selected method of payment on the anniversary of membership acceptance.

I HEREBY AUTHORISE AND GIVE FULL CONSENT TO THE COMPANY TO COPYRIGHT AND PUBLISH ALL PHOTOS AND/OR VIDEOS AND/OR MOTION PICTURES AND/OR VOICE RECORDING TAKEN BY THEM OR THEIR AGENTS IN WHICH I MAY APPEAR AS A KMI MEMBER AT A KAREMOR FUNCTION, WITHOUT LIMIT OR RESERVATION, AND WAIVE THE RECEIPT OF ANY FEE OR ROYALTY UNLESS AGREED UPON IN WRITING.

A PARTICIPANT IN THIS COMPENSATION PLAN HAS A RIGHT TO CANCEL AT ANYTIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPLE PLACE OF BUSINESS.

**A signed and dated copy of this Terms & Conditions Statement must accompany a completed, signed and dated Application and Agreement Form.**

I acknowledge receiving a copy of all documents referred to herein and agree to abide by and be bound by the terms contained therein. I declare under penalty of perjury that the foregoing is true and correct.