



VERY IMPORTANT INFORMATION

- Submit proof of payment with this registration form
- Use your own name and cell phone number as reference **when making the required deposit**
- Please **add postage/ courier charges where applicable**
- **Free RSA delivery rates apply for kits or orders (5-7 days)**
Cross Border delivery rates are available on request

DETAILS OF GABRIELLA LAVIGNE MEMBER WHO REFERRED YOU

First Name

Surname.....

Cell no.....

Gabriella Member Code.....

YOUR PERSONAL INFORMATION AND BANKING DETAILS. These details will be entered into the Gabriella Lavigne system.

Please complete this section in capital letters

First Name..... Surname.....

ID Number/Passport Number Date of Birth Day.....Month.....Year

Email Address..... Gender: Female..... Male..... (please tick)

Cell no..... Work Tel No..... Home no.....

Postal Address.....

Postal Code

IMPORTANT; Courier deliveries are done between 09; 00hrs and 1600hrs during week days. It is important to select a courier delivery address where there will be someone to accept your order between these hours. No courier deliveries are done in outlying and township areas

Delivery address.....

Province.....Country Postal Code.....

IMPORTANT; Your banking details will ONLY be used when Gabriella Lavigne needs to make a Volume Rebate payment into your account

Your Bank Name Branch Name Branch Code

Account Number..... Name of Account Holder

*I have read and understood the Gabriella Lavigne Membership Terms and Conditions.

* By signing my Membership Registration Form I consent to the Gabriella Lavigne may telephonically contact me and communicate with me via email.

* My joining date will be considered the date that the full payment for my starter kit reflects on the Gabriella Lavigne bank Account

New Member Signature..... Date.....

OFFICE USE ONLY

Kit price Joining Date.....

Delivery Fee..... New Member Code

Total..... Comments.....

Receipt No..... Receipt Amount