



AFFILIATE PARTNERSHIP FORM

TITLE:

SURNAME:

FIRST NAME:

OTHER NAME(S):

DATE OF BIRTH:

COUNTRY:

ADDRESS:

I.D NUMBER:

NATIONALITY:

EMAIL:

PHONE:



AFFILIATE PARTNERSHIP FORM

I, _____ wish to Partner with NEPTO CAPITAL.

To contribute actively to the growth of the company.

Which makes me eligible to receive :

- Referral Commissions
- Quarterly Commissions

I confirm that all information provided in this form and all other documents signed by me in connection with this application, whether in my handwriting or not, are correct.

I will in no way claim NEPTO CAPITAL as my own personal company. But strictly serve as an Affiliate Partner.

Signature : _____

Date : _____