

**REGISTRATION REQUEST FORM  
INDIVIDUAL**

I, \_\_\_\_\_ elect to register with GIL Intl. CSvs. Inc., and become a representative of GIL.

I have submitted payment of \$150 (One Hundred Fifty, U.S. dollars) in the form of Money Order/cashier check, and I clearly understand that this amount is non-refundable. This payment allows me to be considered for representation status as more fully explained below and in subsequent documents.

I further acknowledge that I have been advised to consult an attorney of my own choosing if I have any question regarding any provision of this document or my legal responsibilities and benefits derived herein.

Copies of my Driving License or Resident State Identification Card, and my social security card, are attached hereto in order for me to obtain the Memorandum of Understanding and Non-circumvent/Non-disclosure forms from GIL. This information is required in order for GIL to prepare and complete said documents.

I understand that I am not required to purchase any product or contract for any service provided by or through GIL in order to be considered for the Registration/Qualification Proceeding. I understand that upon receipt of said Registration/Qualification documents and my execution of same, I shall undertake to fulfill the terms and conditions thereof as more fully described in said Agreement.

I understand that as a Registered Representative of GIL I shall be entitled to 10% of the fee based on and paid by any individual or business entity referred by me that applies to and agrees to become a registered representative with GIL, and such other compensation as is more fully defined in the Memorandum of Understanding.

If I elect or determine to not continue with my qualification proceeding, I can, within 30 days of my receipt of the non-circumvent/ non-disclose and Memorandum of Understanding package, I can submit my written notice of withdrawal from my association with GIL and thereafter I shall not be affiliated with nor associated with GIL and will not be able to participate in their future programs.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Referred by:

\_\_\_\_\_  
by: Signature

\_\_\_\_\_  
Date

(I HEREBY VERIFY I AM 18 YEARS OF AGE OR OLDER. IF I AM NOT AT LEAST 18 YEARS OLD, MY PARENT OR GUARDIAN AGREES TO CO-SIGN BELOW THIS APPLICATION WITH ME.)

\_\_\_\_\_  
Print: Name and relationship

\_\_\_\_\_  
Signature and Date