

Individual Registration Request Form

I _____ elect to register with GIL Intl. CSvs. Inc, and become participant/ or an independent associate or representative of GIL Intl. CSvs. Inc.

I therefore have submitted payment (as attached) in the amount of (Fifty) \$50.00 United States Dollar, in the form of Money Order.

A copy of my valid Driving License or my Resident State Identification Card, and copy of my Social Security Card to obtain their Disclosure and Memorandum of Understanding contract.

I understand the above identification information is required in order to prepare and complete the disclosure and Memorandum of Understanding.

I understand that I am not required to purchase any product contract any services provided/or represented by GIL Intl. CSvs. Inc. in order to be considered for independent representative or independent associate proceeding.

If I elect or decide not to continue with this qualification proceeding, I can submit my written withdrawal within 30 days from the day of receipt of the qualification proceeding package (Disclosure/ Memorandum of Understanding).

I also understand thereafter that I am no longer associated/participant or member with the company (GIL Intl. CSvs. Inc.) and will not be able to participate in their future programs.

I understand that upon receipt of the confidentiality agreement and execution of such agreement I am to undertake and honor the mutual non-disclosure & non-circumvention in accordance with the terms and condition of such executed agreement.

I also understand that I am entitled to the 10% for my initial introduction of any individual or business entity to conduct business transaction with GIL Intl. CSvs. Inc., and future compensation to be defined in the Memorandum of Understanding. I also understand the above fee is non refundable.

Thank you,

Print Name:

Referred By: _____

Signature

Date: