



## Registration Form

Please fax your completed form to 021 700 2414 or email to info@mbfsxtreme.awards.co.za | Winners' Helpline: 0861 100 828 | www.mbfsxtreme.awards.co.za

All fields are mandatory for the effective running of the program.

Dealer Legal Entity	Dealership Name	
Dealer BPID	Dealer Principal	

I hereby confirm that the persons cited in this document have a valid employment contract and are authorized to participate in the MBFS Xtreme Incentive Program that will be conducted by Mercedes Benz Financial Services South Africa (Pty) Ltd ("MBFS SA") effective 01 January - 31 December 2021. I further confirm the following with respect to the persons referred to above:

- They are dedicated Daimler brand (Mercedes-Benz).
- They are trained for sales of Daimler AG brands.
- They are, without doubt, identifiable as a Daimler brand sales person to the customer at the time of sale. This means that at the time of sale, the sales person is, without doubt, identifiable as a Daimler brand sales person to the customer (e.g. clothing and name badges according to the Mercedes-Benz Corporate Identity, sales person is present at the Mercedes-Benz customer contact area with a Mercedes-Benz information sign and furnishing according to Mercedes-Benz Corporate Identity).

I undertake to formally notify via email my Area Manager immediately (within 2 working days) should any of the above persons employment contract with the dealership be terminated, along with the reasons\*\* for the contract termination.

\*\* Please note that the reason for contract termination is critical - an individual may continue to spend their earned BenzBucks even if they are no longer employed by the dealership, however, if the individual's employment contract was terminated due to breach of local law and/or taxation legislation,

The length of assignment is out of scope.			cancelled with immediate effect.					
Dealer Principal Name								
Dealer Principal Signature			Date					
Sandown HR Manager Name*								
Sandown HR Manager Signatu	re*		Date*					
*Please note this is compulsory for S	Sandown Dealerships only.							
Employee Information								
Name								
Surname								
ID Number			Title	Mr	Mrs	Ms		
Work Number		Cell Number						
Email Address								
Employee Function	New Used	Both						
Brand Centre Leader	Dealer Principal Business Manager Head				Business Manager			
Brand Sales Manager	Sales Manager	Sales Execu	utive		Other			
If you are responsible for this emp	ployee function across multiple br	anches, please list all	the branches:					
In accordance with the Protecti	on of Personal Information Act,	, 4 of 2013 ("POPIA")	:					
personal data that you sup with any other information	nz Financial Services South Afric ply to us upon registration to the relating to your transactions and ou news of our special events, of	e Programme (such as d participation on the	s your name, add Programme for	lress, contaithe purpose	ct details etc.), s of: (1) admini	together		
I provide consent for my n	umber to be added to the Xtreme	e WhatsApp communi	cation group on	ce registere	d.			
Please note that by signing, you give time, for the purpose of participating			mission to perforn	n a check aga	inst Sanction Lis	ts on you at any		
Employee Signature			Date					