Chachingmall Inc.

Minor Enrollment Parent or legal Guardian

Authorization Form

10584 Lake Seminole Terrace, Seminole, FL 33772

www.chachingmall.comTel: 847-6209141

Minor Information			**Parent/Legal Guardian Information**		
Name:			Name:		
Date of Birth:			Relationship to Minor (Parent or Legal Guardian): ■ **Parent** ■ **Legal Guardian**		
Tel:	Email:		Tel:	Email:	
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:

Instructions: When completed, mail this form to Chachingmall at the above address or scan and email to Chachingmall at _chachingmall@gmail.com. If this form is not received by Chachingmall within 30 days of the date of the above minor's enrollment, his or her enrollment will be cancelled.

Please read this form carefully and sign and date below. This form must be notarized.

I, _____, verify that I am the ■ Parent ■ Legal Guardian of _____, the above-named minor child. By signing this form in the presence of a Notary Public, I hereby authorize such minor child to enter into an Independent Member Agreement with Chachingmall Inc. I further agree that I am also enrolling as a co-applicant and co-Member with such minor child. As such, I verify that I have read and agree to the Terms and Conditions of the Chachingmall Independent Member Agreement as well as the Chachingmall Policies and Procedures and the Chachingmall Compensation Plan.

Date: _____ Signature of Parent/Legal Guardian: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF _____ }
} ss.
COUNTY OF _____ }

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by,

_____, proved to me on the base is of satisfactory evidence to be the person who appeared before me.

(SEAL)

_____
Notary Public

Residing at _____

My Commission Expires: _____