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AFFILIATE PARTNERSHIP FORM

PERSONAL DETAILS

Title: _____

Surname: _____

First name(s): _____

Date of birth: _____

Country of birth: _____

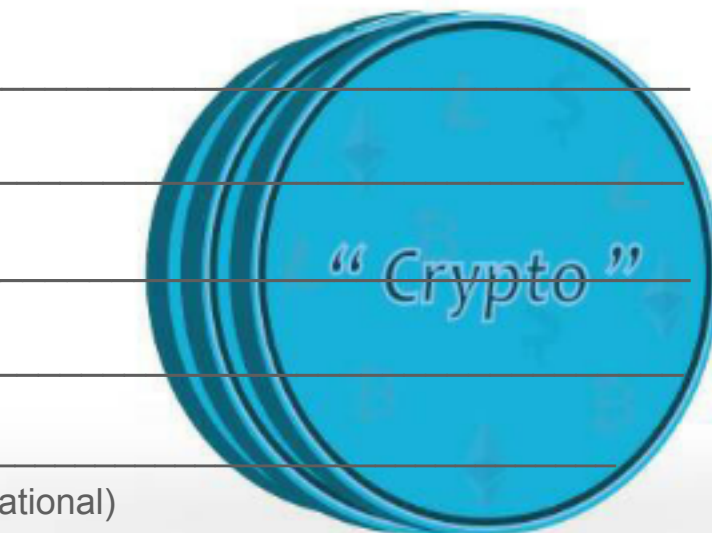
Residential address: _____

ID number: _____

(passport number if foreign national)

Nationality: _____

Marital status: _____



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Aim of application:

Email: _____

Phone: _____

What are your greatest strengths? _____

What do we expect from your first few months to move this platform greater? _____

We'd like to know more about you?

What's your biggest achievement professionally?

What's your favorite working condition?

Any activities outside work?

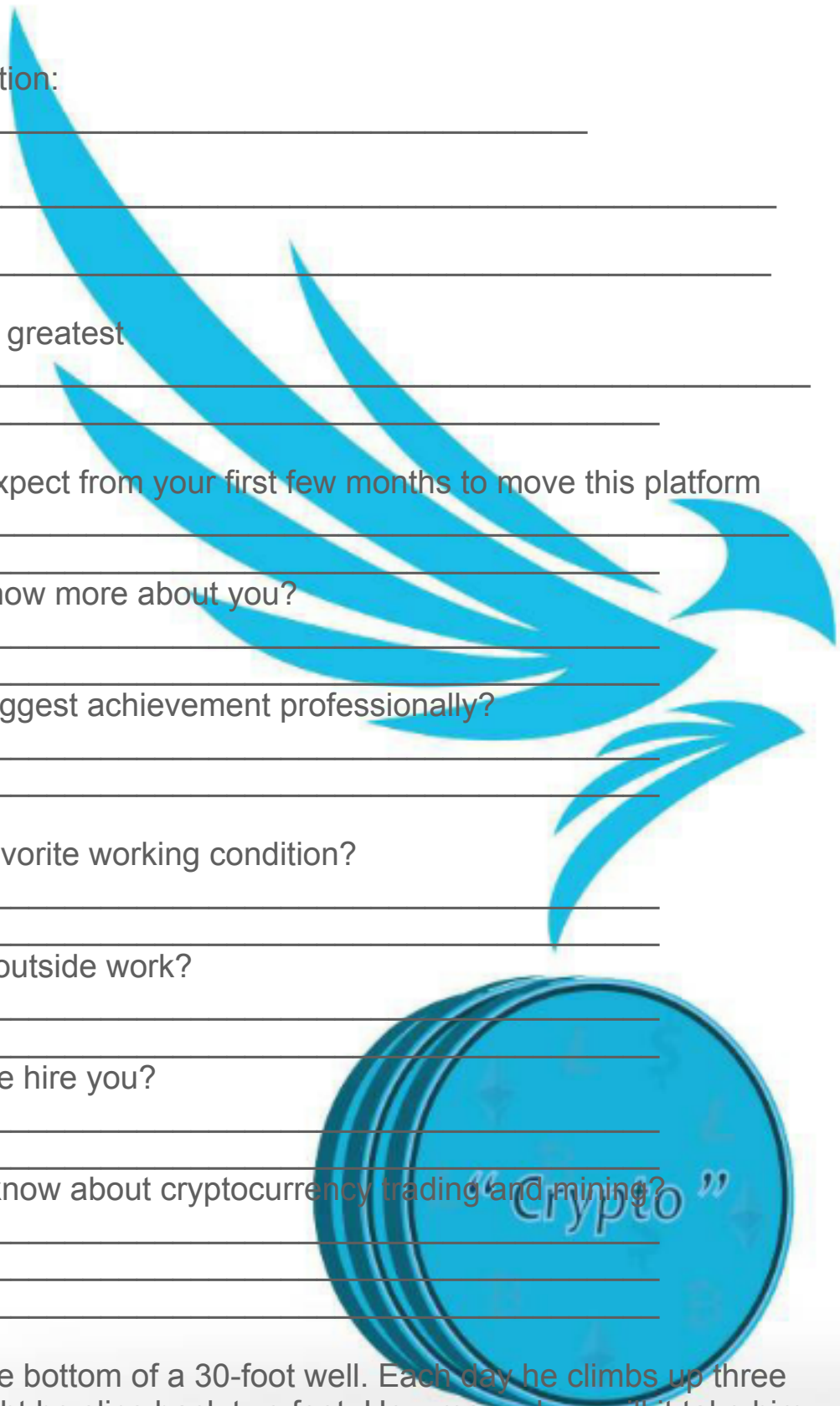
Why should we hire you?

What do you know about cryptocurrency trading and mining?

A snail is at the bottom of a 30-foot well. Each day he climbs up three feet, but at night he slips back two feet. How many days will it take him to climb out of the well? _____

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AFFILIATE PARTNER DECLARATION

I, _____ wish to Partner
with Eagle eye market .

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 Eagle eye market as my own personal company.
But strictly serve as an Affiliate Partner.

Signature: _____

Date: _____



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