



AGENT/BROKER: _____
SECTION 1: _____

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Payment Terms:

We/I agree with the payment terms stipulated in the Terms of Reference.

No.	Payment Schedule
1.	April *adjusted based on headcount movements
2.	July *adjusted based on headcount movements
3.	October *adjusted based on headcount movements
4.	January *adjusted based on headcount movements
OR	Lump sum Annually (pro-rata headcount movement)

☐ Accept

Please comment below if you intend to propose new terms for our consideration.

SECTION 2:

AFI General Terms and Conditions

We/I have read and agree the General Terms and Condition of AFI. (Attached)

☐ Accept