



# DAEHSAN CANADA INC.

714 CABANA ROAD EAST, WINDSOR, ON CANADA N9G 1A4  
TEL: 1-519-967-1522 FAX: 1-519-967-1974

## DISTRIBUTOR APPLICATION FORM

Notice : Please read DXN Rules and Regulations before completing this form.

### APPLICANT'S PARTICULAR

NAME OR NAME OF BUSINESS ENTITY

SIN/CITIZENSHIP I.D NUMBER  MALE  FEMALE

PASSPORT NUMBER  DATE OF BIRTH  -  -   
D D M M Y Y Y Y

ADDRESS

POSTAL CODE

COUNTRY

TEL NO. RES  OFF

HANDPHONE NO.

EMAIL ADDRESS

### SPOUSE'S PARTICULAR

NAME

SIN/CITIZENSHIP I.D. NUMBER  MALE  FEMALE

PASSPORT NUMBER  DATE OF BIRTH  -  -   
D D M M Y Y Y Y

Have you or your spouse registered before as a member? YES  NO

Previous Code No.

### BENEFICIARY'S PARTICULAR

NAME

SIN/CITIZENSHIP I.D. NUMBER  MALE  FEMALE

PASSPORT NUMBER  SPONSOR'S CODE

RELATIONSHIP

### SPONSOR'S PARTICULAR

NAME

SIN/CITIZENSHIP I.D. NUMBER  MALE  FEMALE

PASSPORT NUMBER  SPONSOR'S CODE

To : DXN Marketing sdn. Bhd.

### APPLICANT'S DECLARATION AND SIGNATURE

- I declare that all details given are correct. Should there be any false information given, the company reserves the right to terminate this application without prior notice.
- I confirm that my spouse and I have not been active for the past 12 consecutive months or my spouse and I have never joined DXN at the time of this application.
- I understand that I will be a valid DXN distributor upon approval of this application.
- I have read and agreed with all Rules and Regulations of the company.

SIGNATURE OF APPLICANT

DATE  -  -   
D D M M Y Y Y Y

### FOR OFFICE USE ONLY

Date  -  -

Received by

Processed by

Membership Code