



DISTRIBUTOR APPLICATION FORM



DXN MARKETING SDN. BHD. (283904-P)

WISMA DXN, 213, LEBUHRAYA SULTAN ABDUL HALIM, 05400 ALOR SETAR, KEDAH DARULAMAN, MALAYSIA.
TEL: 6-04-7720277 FAX: 6-04-7723767

Notice : Please read DXN Rules and Regulations before completing this form. Fill in the fields what is marked with asterisk!

APPLICANT'S PARTICULAR

NAME:* _____

MOTHER'S MAIDEN NAME:* _____

I/C NO.:* _____ * MALE FEMALE

PASSPORT NO.: _____ DATE OF BIRTH:* _____

ADDRESS:* _____

POST CODE:* _____ STATE:* _____ COUNTRY:* _____

TEL NO. RES:* _____ MOBIL: _____

EMAIL ADDRESS:* _____

BANK ACCOUNT NUMBER: _____

BANK ACCOUNT OWNER: _____

SPOUSE'S PARTICULAR

NAME: _____

I/C NO: _____ * MALE FEMALE

PASSPORT NO.: _____ DATE OF BIRTH: _____

Have you or your spouse registered before as a member? YES NO Previous Code No.: _____

BENEFICIARY'S PARTICULAR

NAME: _____

MOTHER'S MAIDEN NAME: _____

I/C NO: _____ * MALE FEMALE

PASSPORT NO.: _____ RELATIONSHIP: _____

SPONSOR'S PARTICULAR

NAME: _____

SPONSOR'S CODE: _____

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: _____

FOR OFFICE USE ONLY

DATE

RECEIVED BY

PROCESSED BY

MEMBERSHIP CODE