



# 德信國際網絡有限公司 DXN INTERNATIONAL (HK) LTD

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## 會員申請表 MEMBER APPLICATION FORM

請以正楷填寫。資料不完整會影響公司審核或處理的效率。

Incomplete or illegible information will delay our acceptance and processing of this application.

### 1. 申請人資料 Applicant's Particular (Capital Letter)

Date:

稱謂 Salutation  先生Mr  小姐Miss  太太Mrs.  女士Ms.

姓 Family Name		名 Given Name		(香港身份證上之英文姓名 English Name as printed on HKID Card)	
國籍 Nationality		香港身份證號碼/護照號碼 HKID Card/Passport no.			
出生日期 Date of Birth		聯絡電話 Contact no.			
通訊地址 Correspondence Address (請以英文填寫)					
室 Flat/Room	樓 Floor		座 Block		
大廈名稱 Name of Building			街道號數及名稱/屋苑/屋邨 No. and Street Name/Court/Estate		
地區 District <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT <input type="checkbox"/> 離島 Others					

### 2. 保薦人資料 Sponsor Particulars

### 3. 受益人資料 Extra Information

保薦人號碼 Sponsor Code	保薦人姓名 Sponsor Name	受益人姓名 Name of Beneficiary
聯絡電話 Contact no.	保薦人簽署 Sponsor Signature	關係 Relationship

### 4. 花紅收取 Bonus Claims (請選擇以下其中一項 Kindly check and fill up appropriate box)

<input type="checkbox"/> 渣打銀行戶口 Standard Chartered Bank Account	Account no	<input type="text"/>
<input type="checkbox"/> 其他銀行戶口 Other Bank Account	Account no	<input type="text"/>
(每次將收取HK\$5.00手續費 HK\$5.00 will be charged per transaction)		銀行名稱 Bank Name:
<input type="checkbox"/> 服務中心領取花紅卷 Pick up from Service Center	SC No.:	
<input type="checkbox"/> 總辦事處領取花紅卷 Pick up from Head Office		
<input type="checkbox"/> 海外分行領取花紅卷 Pick up from DXN Overseas Branch	Branch:	

### 5. 以電郵收花紅結算表 Received Bonus Statement by E-mail 6. 會員時收取方式 How to receive Membership Card

E-mail address:	<input type="checkbox"/> 自取 By myself <input type="checkbox"/> 郵寄 By mail <input type="checkbox"/> 服務中心取 By Service Center No. _____
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I warrant and represent that I have read and fully understood and hereby agree to comply with the Basic terms and procedure set by DXN International (HK) Ltd. I, too, certify that all information written hereof are true and correct. 本人證明已詳閱和完全明白並同意德信國際網絡有限公司之一般條款及程序。本人確認在此頁所填報的資料確實無誤。

申請者簽署 Signature of Applicant

### FOR OFFICIAL USE ONLY

Date Received:	Processed by:
C/B No:	Updated <input type="checkbox"/> Completed <input type="checkbox"/>

Membership Code: 0 8 0

Input Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
day / month / year

White - Head Office

Blue - Member