



# DXN INTERNATIONAL PRIVATE LTD.

1498 Quezon Avenue, Brgy. South Triangle Quezon City, Philippines  
Tel. Nos.: (632) 373-0414 / 373-0417 to 19 Fax No.: 373-0320  
Website: www.dxn2u.com / www.dxnphil.com

## DISTRIBUTOR REGISTRATION FORM

1 x 1  
Photo

**IMPORTANT!**  
Please register your member code in DXN e-Business @ <https://ebiz.dxn2u.com>

Note: Complete the form clearly and in block letters. Incomplete form will not be processed on time. Be sure to read DXN's Distributorship Rules and Regulations found overleaf prior to signing this Application Form. The Company will only process the application upon payment of the Membership fee.

### Personal Data

Date: \_\_\_\_\_

Name (Last Name) \_\_\_\_\_  
 (First Name) \_\_\_\_\_  
 (Middle Name) \_\_\_\_\_

Birthdate (Month, Day, Year) \_\_\_\_\_ Age \_\_\_\_\_ Sex  F  M Status Single  Married  Widow

Contact Nos. (Residence) \_\_\_\_\_ (Office) \_\_\_\_\_ (Compulsory Mobile) \_\_\_\_\_ (Email Address) \_\_\_\_\_  
 (House Number, Block Number, Street)

Postal Address \_\_\_\_\_  
 (Village, Barangay, Barrio) \_\_\_\_\_  
 (Town, City) \_\_\_\_\_ (Province) \_\_\_\_\_  
 (Country) \_\_\_\_\_ Zip Code \_\_\_\_\_

Taxpayer's Identification No. \_\_\_\_\_ Nationality \_\_\_\_\_  
 (Last Name, First Name, Middle Name)

Spouse Name \_\_\_\_\_  
 (Month, Day, Year)  
 Spouse's Birthdate \_\_\_\_\_ Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_

### Sponsor Data

Sponsor Code \_\_\_\_\_

Name (Last Name, First Name, Middle Name) \_\_\_\_\_  
 (Residence) \_\_\_\_\_ (Office) \_\_\_\_\_ (Compulsory Mobile) \_\_\_\_\_ (Email Address) \_\_\_\_\_  
 Contact Nos. \_\_\_\_\_

### Bonus Claim

(Please provide one bank account only)

- DXN e-Point
- Banco de Oro ATM Account
- BPI Bank ATM Account
- East West Bank ATM Account
- RCBC ATM Account

Account Number: \_\_\_\_\_

Branch: \_\_\_\_\_

Before affixing your signature, please read the DXN Distributorship Rules and Regulations stated at the back page.

I warrant and represent that i have read and understood and will fully comply with DXN Rules and Regulations, DXN Code of Ethics (as printed at the dorsal side) and the DXN Marketing Plan and that i have reviewed, read and understood the contents thereof which are all compiled in the DXN Starter Kit. I, too, validate that all information supplied herein are true and correct and i authorize DXN to declare this application void from its inception if i will be providing false or misleading information.

Distributor's Signature Over Printed Name \_\_\_\_\_

Spouse's Signature Over Printed Name (If applicable) \_\_\_\_\_

Sponsor	SC Director/SC Code	<b>FOR OFFICIAL USE ONLY</b>	
Signature Over Printed Name	Signature Over Printed Name	Date Received:	Processed by:
		Received by:	Distributor Code:

White - Head Office

Yellow - Service Center

Pink - Distributor

Revised July 29, 2015