



DXN INTERNATIONAL PRIVATE LTD.

Units 102,202, 401-405 & 407, Jollibee Plaza Condominium, Don Francisco Ortigas Jr. Road (formerly Emerald Ave.), Ortigas Center, Pasig City 1605
Tel. Nos. 687-5091 to 94 Fax No. (632) 632-0319

DISTRIBUTOR REGISTRATION FORM

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 Registration 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) _____ (Mobile) _____ (Fax) _____ (Email Address) _____

Postal Address (House Number, Block Number, Street) _____
(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 5 2 6 6 3 7 1

Name (Last Name, First Name, Middle Name) _____
(Residence) (Office) (Mobile) (Fax) (Email Address)

Contact Nos. _____ 6332-423-4200 63915-441-1349 6332-423-4200 cmlauron@yahoo.com

Bonus Claims

I want to receive my DXN BONUS CHECK through; (Kindly check and fill-up appropriate box.)

☐ Banco de Oro/ATM Account Account Number: _____ Branch: _____
☐ DXN Service Center
☐ DXN Head Office (Pick-up Only)

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

FOR OFFICIAL USE ONLY

Date Received: _____ Processed by: _____

Received by: _____ Distributor Code: _____

CARMELITO M. LAURON, SR.
Signature Over Printed Name

Signature Over Printed Name