DXN INTERNATIONAL (KENYA) LTD

DXN

P.O. Box 517-00606, Nairobi, Kenya, Email:kenya@dxn2u.com, Website:www.dxn2u.com

MEMBERSHIP FORM

☐ BK
☐ SK

Application Form No: 0465

1. Applicant's Particulars:

First Name | Middle Name | Last Name

2. Nationality

3. Date of Birth

4. Sex ☐ Male ☐ Female

5. PIN No.

6. ID No.

7. Address: Post Box No | Postal Code | City | Country

8. Applicants Bank A/C No. | Name of Bank | Address

9. Contact Numbers with Code:

Off:
Res:
Mob:
E-mail:

10. Spouse Name | Relationship

11. Name of Beneficiary | Relationship

12. Sponsor's Name | Sponsor's Code

13. APPLICANT'S DECLARATION

i) 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.
ii) I confirm that my spouse and I have not been active for the last 12 consecutive months or my spouse and I have never joined DXN at the time of this application.
iii) I understand that I will be a valid DXN distributor upon approval of this application.
iv) I have read and agreed with all the Rules and Regulations of DXN Marketing Sdn. Bhd.

Signature: _____ Date:

FOR OFFICE USE

Membership Number

Approved/ Disapproved By: _____

Branch/ Service Centre: _____

Input By: _____ Date: _____