DISTRIBUTOR MEMBERSHIP FORM

DAEHSAN REPUBLICA DOMINICANA
WWW.DXNDOMINICANA.COM
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OFF (864) 396-8721• FAX (973) 669-0187
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DISTRIBUTOR ID NUMBER
(FOR INTERNALUSE ONLY)

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST) OR NAME OF BUSINESS ENTITY

SEX ☐ MALE ☐ FEMALE

CÉDULA #
(*THIS INFORMATION IS REQUIRED TO QUALIFY AS A DISTRIBUTOR*)

DATE OF BIRTH
(DD/MM/YEAR)

MAILING ADDRESS

MAILING ADDRESS

CITY

PHONE NUMBER

FAX NUMBER

CELLPHONE NUMBER

EMAIL

2. SPONSOR/PLACEMENT INFORMATION

SPONSOR ID NUMBER

SPONSOR PHONE NUMBER

SPONSOR NAME (FIRST, LAST)

3. INFORMATION FOR BONUS PAYMENTS

ACCOUNT NUMBER AT BANK POPULAR

FULL NAME OF MEMBER WITH BANK ACCOUNT AT POPULAR

4. BENEFICIARY

NAME OF BENEFICIARY

RELATIONSHIP

5. CONTRACT

This Agreement is entered between the APPLICANT, name above (hereafter "APPLICANT") and DAEHSAN REPUBLICA DOMINICANA S.R.L. The parties agree:
APPLICANT hereby applies as a DXN DISTRIBUTOR (Independent Distributor) in DAEHSAN REPUBLICA DOMINICANA. APPLICANT is authorized as a DXN DISTRIBUTOR (Independent Distributor) and granted the rights to sell DAEHSAN REPUBLICA DOMINICANA products. DAEHSAN REPUBLICA DOMINICANA reserves the right to accept or reject any application for any reason, in accordance with the terms and conditions set forth in the DAEHSAN REPUBLICA DOMINICANA S.R.L. policies and procedures, as such now exist or may hereafter be amended.
By submitting this application and any order associated with it, I attest that the information contained in it is complete and true, and that I am at least 18 years of age. I understand DXN's Business Plan. I understand and agree with the "Basic Agreement" stated at the back of this form. I understand that this application/order is binding upon me as a DXN DISTRIBUTOR. I agree to comply with the DAEHSAN REPUBLICA DOMINICANA policies and procedures as they are currently written and as they may be amended by DAEHSAN REPUBLICA DOMINICANA S.R. L.
Any DXN Distributor may cancel their membership at any time by submitting their resignation in writing to the Country Manager.

APPLICANT'S NAME	**APPLICANT'S SIGNATURE**	**DATE**