DXN International (Aust) Pty Ltd
A.C.N. 087 278 831 ~ A.B.N. 66 087 278 831
Suite 504, Level 5 Office Tower, Westfield Shoppingtown
159-175 Church Street. Parramatta NSW 2150
Tel: (02) 96892755 Fax: (02) 96891755
Toll Free # AUS call 1800 666 173 - N.Z. call 0800 449 836
www.dxnaus.com.au e-mail: dxnmail@dxanus.com.au

Country Origin:
Distributor No:

OVERSEAS DISTRIBUTOR REGISTRATION FORM

Date: .....

First Name (Mr/Mrs/Ms) Surname or Business Name — Date of Birth (dd mm yy)

Spouse Name (Mr/Mrs/Ms) Surname or Director Name — Date of Birth (dd mm yy)

Mailing Address

Post Code

Phone No:
Mobile No:
Office No:
Fax No:

ID No. (Passport, Driver License, Medi Cards, etc)

e-mail address:

Bank Information (Must be completed for Bonus Payment)

A/C Name:
BSB - A/C No:
Bank Name:

Suffix (for NZ only)
Branch:

Sponsor Information

N a m e :
Distributor No:

GST Status Advice (Must be completed for Bonus Payment)

DXN will be legally obliged to deduct 48.5% from yr bonus cheque and send it to the Australian Taxation Office on your behalt. To avoid above, you must complete below:

☐ I/We advise that my/our DXN Distributorship is operated as a hobby or private pursuit only.

OR

☐ I have registered my DXN Distributorship for an Australian Business Number (ABN) & ACN No. if applicable
My ABN No. is: (must be 11 digits) & ACN No. is:
A copy of ABN/ACN certificate must be attached to this application.

AND

☐ I have registered my DXN Distributorship for the Goods and Service Tax (GST).

I declare my membership transfer to a distributor of DXN International (Australia) Pty Ltd.
I have fully understood the privileges and responsibilities as a distributor and agreed to be bound by the Code of Ethics and Rules and Regulations of the Company as stated at the back page of this application form and that's included in membership kit.
I agreed that the Company shall terminate my distributorship for any violation of the code of Ethics and the Rules and Regulations of the Company.
The above Statement shall not imply that I am an employee or representative of DXN International (Aust) Pty Ltd.

SIGNATURES

Applicant	Sponsor
Full Name	Full Name

For Office Use Only

D a t e :
Received by :
Processed by :
ABN Certificate : ☐ Yes ☐ No

Remarks:
- Incomplete form will not be processed without given notice.