



REQUISITION FORM

Subject: Transfer Of Membership

Dear Sir,

I, _____ a member of DXN with ID No: _____,
wish to inform you because of _____ I request to transfer my
membership to my _____, name _____.
I fully understand and agree that this request is subject to the approval of DXN.

Signature: _____
()

(Sponsor / Upline)

Dear Sir,

I hereby declare that I have no objection for the above request to transfer ID No: _____
from _____ to _____ .

Signature: _____
()

Prepared by:

()

Approved by:

()

Country Manager