



REQUISITION FORM

Subject: Transfer Of Membership (Death of the Distributor)

Dear Sir,

I, _____ the beneficiary / relative / spouse of _____
_____ wish to inform that my _____ a member of DXN
with ID no: _____ has passed away. I would like to request transfer his / her membership
to _____. I fully understand and agree that this request is subject to the
approval of DXN.

Signature: _____.

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(Sponsor / Upline)

Dear Sir,

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

Signature: _____.

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Prepared by:

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Approved by:

()

Country Manager