



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
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 Toll Free # 1800 666 173 (AUS) 0800 449 836 (NZ)

TEMPORARY DISTRIBUTOR APPLICATION FORM

Date

First Name (Mr/Mrs/Ms)	Surname or Business Name	Date of Birth
<input type="text"/> <small>dd mm yy</small>		<input type="text"/> <small>dd mm yy</small>
Spouse Name (Mr/Mrs/Ms)	Surname or Director Name	Date of Birth
<input type="text"/> <small>dd mm yy</small>		<input type="text"/> <small>dd mm yy</small>
Mailing Address		
<input type="text"/> <input type="text"/> <input type="text"/>		Phone No: <input type="text"/> Mobile No: <input type="text"/> Office No: <input type="text"/> Fax No: <input type="text"/>
Post Code <input type="text"/>		
ID No. (Passport, Driver License, Medi Cards, etc)		e-mail address:
<input type="text"/>		<input type="text"/>

Bank Information (Must be completed for Bonus Payment)

A/C Name:	<input type="text"/>	Suffix (for NZ only)	<input type="text"/>
BSB - A/C No:	<input type="text"/>	Branch:	<input type="text"/>
Bank Name:	<input type="text"/>		

Sponsor Information

Name:	<input type="text"/>
Distributor No:	<input type="text"/>

GST Status Advice (Must be completed for Bonus Payment)

DXN will be legally obliged to deduct 48.5% from your bonus cheque and send it to the Australian Taxation Office on your behalf. 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:

AND

I have registered my DXN Distributorship for the Goods and Service Tax (GST) and agreed for DXN to prepare and issue a Recipient Created Tax Invoice (RCTI) on my behalf.

I declare my application as 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		For Office Use Only
Applicant _____ Full Name	Sponsor _____ Full Name	

Remarks:

- Incomplete form will not be processed without given notice.