



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)

MEMBER APPLICATION 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		
ID No. (Passport, Driver License, Medi Cards, etc)		e-mail address:

Bank Information (Must be completed for Bonus Payment)

A/C Name:		Suffix (for NZ only)	
BSB - A/C No:		Branch:	
Bank Name:			

* If bank detail is not provided, I authorize DXN to retain my Bonus until further notice.*

Sponsor Information

Name:	
Distributor No:	

GST Status Advice (Must be completed for Bonus Payment) - Only for Australia

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

Applicant

Sponsor

Full Name

Full Name

For Office Use Only

Date :

Received by :

Processed by :

ABN Certificate :

☐ Yes

☐ No

Remarks:

- Incomplete form will not be processed without given notice.

Privacy Notice Acknowledgment & Consent

☐ I acknowledge that I have read and understood the latest version of DXN's Privacy Notice for Distributors, available at www.dxn2u.com/privacy-notice.

I consent to the collection, use, and processing of my personal data by DXN Holdings Bhd. and its subsidiaries for purposes relating to distributorship administration, bonus payments, and compliance, in accordance with the Personal Data Protection Act 2010 (including the 2024 amendments) and all other applicable data protection laws.
