



# DISTRIBUTORSHIP DATA UPDATE REQUEST FORM

Please complete all the applicable fields. Incomplete form will not be processed.

Ver: HQIT 004

## 1. REQUESTER DETAILS

Requester Name (in BLOCK LETTER)


Code

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## 2. TYPE OF REQUEST

### Distributorship Data

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ (DD/MM/YY)

I/C or ID : \_\_\_\_\_

### Contact Information \*

Address : \_\_\_\_\_

Postcode : \_\_\_\_\_ Town : \_\_\_\_\_ State : \_\_\_\_\_

Country : \_\_\_\_\_ Email : \_\_\_\_\_

Tel. (Res) : \_\_\_\_\_ Mobile No : \_\_\_\_\_

Reason for change of address : \_\_\_\_\_

### \* IMPORTANT NOTES:

- In the event that a distributor requests to change his/her Country and Address,
  - the distributor must submit a copy of valid residence permit/working permit;
  - the said distributor will need to claim his/her old bonus from the old country where it was generated.
- Prior approval must be obtained from International Marketing Director/Marketing Director/Regional President of existing country for change of address to other country.

### Spouse

Name : \_\_\_\_\_

I/C or ID : \_\_\_\_\_

\* Please attach Marriage Certificate

### Beneficiary

Name : \_\_\_\_\_

I/C or ID : \_\_\_\_\_

Relationship : \_\_\_\_\_

### Bank Account

Account Holder Name : \_\_\_\_\_

Account Holder Address : \_\_\_\_\_

Bank Name : \_\_\_\_\_ Account Number : \_\_\_\_\_

Bank Branch No./Bank Code: \_\_\_\_\_ IBAN Code : \_\_\_\_\_

Bank Address: \_\_\_\_\_ SWIFT Code : \_\_\_\_\_

### Others (please specify)

\_\_\_\_\_

## 3. DECLARATION

- I hereby undertake that I have obtained the valid residence permit or working permit from the pertinent authority of the country where I would like to change my address to. The copy of the residence permit or working permit is submitted herewith.
- I hereby request that my personal data being held by DXN can be changed, modified and/or deleted as indicated in this form.
- I hereby confirmed that the personal data given above are true and correct.
- I hereby consent to and fully authorize DXN to handle and process my personal data disclosed by me or whichever available with DXN in accordance with the DXN Privacy Policy.
- I irrevocably agree and acknowledge that DXN has the absolute right to transfer/revert the claim/payment of bonus and/or commission back to origin country or any country that DXN deems appropriate without any prior notice or reason.

Signature of Requester : \_\_\_\_\_ Date : \_\_\_\_\_

## 4. FOR BRANCH USE ONLY

Endorsed by : \_\_\_\_\_

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Date : \_\_\_\_\_

## 5. FOR GIT USE ONLY

Checked/updated by : \_\_\_\_\_

Officer's Name : \_\_\_\_\_

Position : \_\_\_\_\_

Date : \_\_\_\_\_