



## DXN International (Aust) Pty Ltd

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TOLL FREE # (AUS) 1800 666 173 (NZ) 0800 449 836

## SERVICE CENTRE APPLICATION FORM

### 1. APPLICANT INFORMATION

NAME:	<input type="text"/>																									
MEMBER CODE:	<input type="text"/>						STATUS:	SD	<input type="checkbox"/>	OTHER	<input type="checkbox"/>															
RESIDENCE ADDRESS:	<input type="text"/>																									
STATE:	<input type="text"/>																		POST CODE:	<input type="text"/>						
PHONE:	<input type="text"/>								FAX:	<input type="text"/>																
MOBILE PHONE :	<input type="text"/>																									
EMAIL ADDRESS:	<input type="text"/>																									
DATE OF BIRTH:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SEX:	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE															
	dd	mm	yy																							

### 2. SPOUSE INFORMATION

NAME:	<input type="text"/>																									
ID:	<input type="text"/>																									
DATE OF BIRTH:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd	mm	yy																	
MOBILE PHONE :	<input type="text"/>																									

### 3. SERVICE CENTRE LOCATION INFORMATION

CENTRE ADDRESS:	<input type="text"/>																									
STATE:	<input type="text"/>																		POST CODE:	<input type="text"/>						
PHONE :	<input type="text"/>								FAX:	<input type="text"/>																
EMAIL ADDRESS:	<input type="text"/>																									

SERVICE CENTRE FLOOR AREA: TOTAL: \_\_\_\_\_ sq.m.

COUNTER/SELLING \_\_\_\_\_ sq.m.

SEMINAR/MEETING AREA: \_\_\_\_\_ sq.m.

OTHER FACILITIES: \_\_\_\_\_

**DISTANCE FROM NEAREST**

SERVICE CENTRE: \_\_\_\_\_ km

LANGUAGE SPOKEN:  ENGLISH  CHINESE  OTHERS:

LANGUAGE WRITTEN:  ENGLISH  CHINESE  OTHERS:

**4. RECOMMENDED BY:**

NAME:

MEMBER CODE:  SA  SR  SD  OTHER

BUSINESS HOURS:

STATE:  POST CODE:

PHONE :  FAX:

MOBILE PHONE :

EMAIL ADDRESS:

I,..... With Member Code No:.....residing at the above stated address formally signify my interest to apply for a Service Centre at the above given centre address or territory. I promise that I will follow and adhere faithfully to the Company's Policies and Procedures on Sales, Operations and Recruitment, Service Centre Rules and DXN Distributor's Code of Conduct. I hereby declared that the above information provided by me are true and correct to the best of my knowledge. That the Company reserves the right to disapprove my application for any misrepresentation thereof, and/or cancel the Service Centre Memorandum of Agreement for any violation of the above policies, rules and regulations committed by the under-signed.

Signature of the Applicant/ Date

Recommended by: \_\_\_\_\_ Signature/Date

**FOR OFFICE USE ONLY  
( DO NOT FILL-UP)**

DATE OF APPOINTMENT:     TRIAL :  3 MONTHS  6 MONTHS

APPLICATION PROCESSED & CHECKED BY:

APPLICATION APPROVED BY:

Print Name & Signature

Print Name & Signature

