



DXN TRADING ECUADOR CIA. LTDA.

Circunvalación Sur 416 Diagonal Ebanos, Urdesa Central - Guayaquil
Telephone: +593 - (04) 503-1305 RUC: 1792376211001

DISTRIBUTOR APPLICATION FORM

Note: Complete the form clearly and in capital letters. Incomplete forms will not be processed in time. Make sure the read the Rules and Regulations of DXN located in the back before you sign this form. The Company will only process the request with the payment of the registration.

Personal Information

Date: _____

Name	(Last Name)			
	(Middle Name)			
	(First Name)			
	(Second Name)			
Date of Birth	(Day, Month, Year)		Sex	<input type="checkbox"/> F <input type="checkbox"/> M
			Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/>
Contact Number	(Home)	(Office)	(Mobile)	(Email Address)
Address	(Avenue/Street/Cdla.)		(N° of House)	
	(District)		(Province)	
	(Country)		Postal Code	
I/C N°			Nacionalidad	
R.U.C.				

Please provide a copy of R.U.C

Spouse Name	(Name and Last Name)			
Spouse Date of Birth	(Day, Month, Year)		I/C N°	
Beneficiary	(Name and Last Name)			
Relation			I/C N°	

A copy of I/C from the Spouse, Beneficiary or partner is required.

Sponsor Information

Sponsor Name	(Name and Last Name)			
Contact Number	(Home)	(Office)	(Mobile)	(Email Address)

Information of Bonus Payment

I want to receive my DXN BONUS through:

<input type="checkbox"/> Bank Account	Bank Name:	Account N°
<input type="checkbox"/> Check		
<input type="checkbox"/> DXN Ecuador office (with exchange of products)		

For deposit: please sent us a copy of the contract of your bank account and identification

I guarantee that I have read and understand that I will comply with the Rules and Regulations of DXN, The Code of Ethics of DXN (just as it is printed in the back) and the Marketing Plan of DXN and I have reviewed and understand the content of them which are compile inside the DXN Starter KIT. I understand and accept that I have to provide to DXN a factura authorized by the SRI to be able to receive my DXN Bonus. I, give good faith that all the information provided in this document is accurate and true and authorize DXN to declare this request void if the information provided is false.

Signature of the Distributor above Printed Name

Spouse signature above Printed Name (If any)

Sponsor	SC Director/SC Code	FOR OFFICE USE ONLY	
		Date received:	Processed by:
Signature above Printed Name	Signature above Printed Name	Received by:	Member Code: