



## Independent Distributor Membership Form

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Independent Distributor I.D.

### 1. Applicant's Information

_____ Name (First, Middle, Last)		
_____ RFC (Federal Tax Id. Number) (This Information is Required to Qualify as a Distributor)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Date of Birth (dd/mm/yyyy)
_____ CURP (Clave Única de Registro de Población)	_____ Place of Birth	
_____ Mailing Address		
_____ Colony	_____ Zip Code	
_____ City and State	_____ Country	
_____ Phone Number	_____ Cell Phone Number	
_____ E-mail		

### 2. Sponsor / Placement Information

_____ Sponsor Id	_____ Sponsor Name
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### 3. Información of the Co-applicant (husband or wife)

_____ Name (First, Middle, Last)		
_____ RFC (Federal Tax Id. Number) (This Information is Required to Qualify as a Distributor)	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____ Date of Birth (dd/mm/yyyy)

### 4. Information of the Beneficiary

_____ Name (First, Middle, Last)		
<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Other
_____ To Specify		

### 5. Agreement

By signing, the Independent Distributor expressly accepts, under his condition of Independent Sales Distributor (hereinafter "Independent Distributor"), under indefinite and revocable, the internal rules, procedures, terms and conditions of DXN Mexico, S.A. de C.V. (hereinafter DXN) which the undersigned has fully read and shall accept as binding and obligatory. The Independent Distributor expressly accepts to render its services of independent distributorship exclusively in favor of DXN in Mexico, under penalty of termination of its affiliation and by the consideration of DXN.

Likewise, the Independent Distributor shall keep confidential all information related to the independent and exclusive distribution related to DXN, including enunciatively: prices, products, patents, affiliates, clients, providers, systems, events, etc., for this is registered information based on the applicable legislation.

The Independent Distributor expressly accepts that DXN shall not offer any warranties nor liabilities in regards to thor products related to this agreement. DXN Shall abide by its internal rules, procedures, terms and conditiones, all of which the Independent Distributor shall consult at all times, and which are available for consultation at the web page <https://eworld.dxn2u.com/index.php?r=help/regulation> the Independent Distributor shall hold harmless DXN from any claim whether or not related to the commercial, independent, indefinite and revocable relationship existing between DXN and the Independent Distributor.

This agreement is signed and executed for acceptance and conformity at Mexico City, Mexico.

_____ "The Independent Distributor" (Complete name and signature)	_____ "DXN" Mexico S.A.de C.V. (Complete name and signature)	_____ Date of Affiliation (dd/mm/yyyy)
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