

## Release of Liability Statement

Who subscribes, \_\_\_\_\_,  
(male/female), \_\_\_\_\_ (single/married), \_\_\_\_\_  
(nationality), of legal age, bearer of personal identity card number  
\_\_\_\_\_, acted in my name and representation with domicile in  
\_\_\_\_\_, in my capacity as **Distributor**

**Independent of DXN International Panama, S.A.**, I declare under oath the following:

**First:** That on \_\_\_\_\_ I signed with the company **DXN International Panama, S.A** an independent distributor membership agreement.

**Second:** That by virtue of the contract signed with **DXN International Panama, S.A** I recognize the rights and obligations that concern me as a contracting party, so there is in no way a defect in my consent.

**Third:** That the contract signed **DXN International Panama, S.A.** stipulates that the payment of commissions/bonuses in my favor will be paid to the following account:

Bank: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account No.: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ (Yourself)

That I hereby declare that the tax obligation that exist from these payments will be my exclusive responsibility.

**Fourth:** That by means of this declaration I release **DXN International Panama, S.A.**, to any of its directors, dignataries, shareholders, subsidiary companies or parent company, in the Republic of Panamá or any other country, from any type of liability, civil, crime, administrative, tax, labor that may arise with respect to the exercise of the independent distributor membership contract and are my sole responsibility.

I extended this release to all damages and expenses that may arise against **DXN International Panama, S.A.**, to any of its directors, dignataries, shareholders, subsidiary companies or parent company, in the Republic of Panamá or any other country, which are mentioned without excluding any other, the following:

- Administrative fines
- Fines or tax legal processes
- Legal Defense
- Legale fees
- Legal expenses
- Expertise expenses
- Consumer complaints
- Consumer demands
- Etc.

I grant this declaration on the \_\_\_\_\_ of the month of \_\_\_\_\_ of \_\_\_\_\_.

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

ID or passport: \_\_\_\_\_

**NOTE: Send to the following email: [dxnpanama.sales@dxn2u.com](mailto:dxnpanama.sales@dxn2u.com)**

**CONTACT: the following telephone numbers: 292-9117 - 292-8177**