

**DXN MEXICO, S.A. de C.V.**

Londres 47 PB, 1° y 4° Piso;
Colonia Juárez, Cuauhtémoc, C.P. 06600,
Ciudad de México, México.
Tel.: (55) 5207-6228 Fax: (55) 5207-6229
www.dxnmxico.com

SERVICE CENTER APPLICATION FORM
(To be submitted to the Service Center Department)**I. APPLICANT INFORMATION**

Name: _____
Member Code: _____ Status: ☐ MEM ☐ SA ☐ SR ☐ SD ☐ ESD ☐ ESSD
Zip Code: _____ City / State: _____ / _____
Address: _____
Phone No.: _____ Cell Phone No.: _____
Date of Birth: _____ / _____ / _____ Gender: ☐ Male ☐ Female
Nationality: _____ Religion: _____
Email Address: _____ Occupation: _____

II. SPOUSE INFORMATION

Name: _____
Member Code: _____ Date of Birth: _____ / _____ / _____
Nationality: _____ Religion: _____ Occupation: _____

III. SERVICE CENTER LOCATION INFORMATION

Address: _____
Colony: _____ Reference: _____
Zip Code: _____ City / State: _____ / _____
Phone No.: _____ Fax: _____ Cell: _____
Service Center Floor Area Total: _____ m² Counter Area _____ m² Seminar/Meeting Area: _____ m²
Other Facilities: _____ Distance from Nearest Service Center: _____ km
Initial Order: \$ _____ MN Invoicing Date: _____ / _____ / _____

IV. RECOMMENDED BY:

Name: _____
Member Code: _____ Status: ☐ SA ☐ SR ☐ SD ☐ ESD ☐ SSD ☐ ESSD
Address: _____
Zip Code: _____ City / State: _____ / _____
Phone No.: _____ Fax: _____ Cell: _____

I, _____ with Member Code No. _____ residing at the above stated address formally signify my interest to apply for a Service Center at the above given center address or territory. I promise that I will follow and adhere faithfully to Company's Policies and Procedures on Sales, Operations and Recruitment, Service Center Operations Agreement, Duties of the Service Center, Rules and Regulations and DXN Distributor's Code of Conduct. I hereby declare 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 Center Agreement for any violation of the company policies, rules and regulations committed by the undersigned. All the applications shall be subject to query and site inspections prior to approval. The Company reserves the right to deny application, as it deems necessary without any obligation to provide reasons for its decision. The appropriate Service Center Application Form signed and Service Center Operation Agreement must be duly completed and submitted along with the required relevant documents to the Company.

Signature of the Applicant/Date_____
Recommended by: Signature/Date**FOR OFFICE USE ONLY (do not fill-up)**

Date of Appointment: _____ / _____ / _____ Trial Period: ☐ 3 months ☐ 6 months
Recommended for Approval by: _____ Approved by: _____



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LOCATION MAP

Please make a sketch of your Service Center Location with reference to:

National Road, City or Municipal Road, Tertiary Road

Area Covered - Municipal, City, State

Landmarks (e.g. Church, Buildings, Business Establishment, Banks, Schools)



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SERVICE CENTER QUESTIONNAIRE

Applicant Name: _____

Member Id: _____

Please answer the following questions, which are very relevant to your success as a DXN Independent Service Center Director:

1. What is your main purpose in applying as an Independent Service Center Director?

2. Based on your experience as a DXN Independent Distributor, what do you suggest should be done by an Independent Service Center Director so that business will grow in the area?

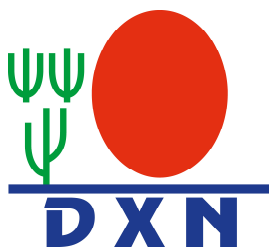
3. How much are you willing to add or infuse additional capital if in case there is a need due to increasing number of distributors who are purchasing in the Independent Service Center? _____

4. What are the specific support that was promised to you by the DXN Network Leader who encourage you to put up an Independent Service Center?

Please specify name and status.

| | Name | Status |
|----|-------|--------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

5. What do you think are the support that you will need from the Company in the business development of the area?



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Second Level Assessment

APPLICANT AND AREA INFORMATION

| | | | |
|------------------------------|--|------------------------|--|
| Member Id: | <input type="text"/> | Status: | <input type="text"/> |
| Name: | <input type="text"/> | | |
| Date of Birth: | <input type="text"/> / <input type="text"/> / <input type="text"/> | Join Date: | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| RFC: | <input type="text"/> | CURP: | <input type="text"/> |
| Total Downlines: | <input type="text"/> | Monthly Bonus Income : | \$ <input type="text"/> MN |
| Bank Name: | <input type="text"/> | Bank Account: | <input type="text"/> |
| Interbank Clabe: | <input type="text"/> | | |
| Sponsor Id: | <input type="text"/> | Sponsor Status: | <input type="text"/> |
| Sponsor Name: | <input type="text"/> | | |
| City : | <input type="text"/> | State: | <input type="text"/> |
| Service Center in the State: | <input type="text"/> | Population: | <input type="text"/> |
| Application Date: | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

Qualification based on Point System

CATEGORY A (MEMBERSHIP STATUS)

- | | |
|---|------------------------|
| 1) Crown Ambassador (CA) | 7 points |
| 2) Senior Crown Diamond (SCD) to Gold Crown Diamond (GCD) | 6 points |
| 3) Crown Diamond (CD) | 5 points |
| 4) Senior Star Diamond (SSD) to Gold Diamond (GD) | 4 points |
| 5) Star Diamond (SD) | 3 points |
| 6) Star Ruby (SR) | 2 points |
| 7) Star Agent (SA) | 1 point |
| | (maximum 7 pts) |

CATEGORY B (MONTHLY BONUS INCOME)

- | | |
|---------------------------|------------------------|
| 1) \$10,001 MXN and above | 3 points |
| 2) \$5,001– \$10,000 MXN | 2 points |
| 3) \$2,500– \$5,000 MXN | 1 point |
| | (maximum 3 pts) |

CATEGORY C (No. OF DOWNLINES)

- | | |
|-------------------------------|-----------------|
| 1) 501 persons and above | 5 points |
| 2) 301 persons to 500 persons | 4 points |
| 3) 201 persons to 300 persons | 3 points |
| 4) 101 persons to 200 persons | 2 points |
| 5) 50 persons to 100 persons | 1 point |
| | (maximum 5 pts) |

CATEGORY D (NO. OF NETWORK LEADERS TO SUPPORT THE AREA & APPLICANT)

- | | |
|-----------------------------|-----------------|
| 1) 5 Active Network Leaders | 5 points |
| 2) 4 Active Network Leaders | 4 points |
| 3) 3 Active Network Leaders | 3 points |
| 4) 2 Active Network Leaders | 2 points |
| 5) 1 Active Network Leader | 1 point |
| | (maximum 5 pts) |

* In the above category a network leader is said to be active, if his / her last three months income from the date of application is MXN \$5,000 and above per month.

CATEGORY E (EXISTING INDEPENDENT SERVICE CENTERS IN THE STATE BEING APPLIED FOR)

- | | |
|---|-----------------|
| 1) 0 - none Independent Service Center | 5 points |
| 2) 1 - 2 Independent Service Centers | 4 points |
| 3) 3 - 4 Independent Service Centers | 3 points |
| 4) 5 - 7 Independent Service Centers | 2 points |
| 5) 8 - 10 Independent Service Centers | 1 point |
| 6) more than 10 Independent Service Centers | 0 points |
| | (maximum 5 pts) |

CATEGORY F (TRAINING ABILITY)

Ability to conduct the following module:

Basic Requirement (Must fulfill)

- | | |
|--|------------------|
| 1) Business Opportunity Meeting (B.O.M.) | 2 points |
| 2) DXN Culture | 2 points |
| 3) Compensation Plan | 2 points |
| 4) Ganotherapy | 2 points |
| 5) Product Presentation | 2 points |
| 6) Presentation for New Members | 2 points |
| | (maximum 12 pts) |

Additional Requirement (Optional)

- | | |
|---|------------------|
| 7) How to do the DXN Business | 1 point |
| 8) Distributors Orientation Program (D.O.P.) | 1 point |
| 9) Networking VS. Retailing | 1 point |
| 10) Understanding the Marketing Plan (UMP) Part 1 | 1 point |
| 11) Understanding the Marketing Plan (UMP) Part 2 | 1 point |
| 12) Vision 20/20 | 1 point |
| 13) Product Presentation Part 1- Beverages | 1 point |
| 14) Product Presentation Part 2- Personal Care | 1 point |
| 15) Product Presentation Part 3- Summary | 1 point |
| 16) Trainers Training | 1 point |
| 17) IOC Plan - Icing On the Cake | 1 point |
| | (maximum 11 pts) |

CATEGORY G (PARTICIPATION IN THE COMPANY ACTIVITIES)

- | | |
|---|-------------------------|
| 1) DXN Anniversary | 6 points |
| 2) Regional Assemblies (RSA) | 5 points |
| 3) Meetings convened by the Company | 4 points |
| 4) Participation in Promotions (Family Day , Products, Launch of New Products, Roadshow and Special Trainings) | 3 points |
| 5) DXN Activities / Activities in the Independent Service Centers | 2 points |
| 6) Webinars / Videoconferences | 1 point |
| | (maximum 21 pts) |

CATEGORY H (EDUCATIONAL ATTAINMENT)

- | | |
|-------------------------|------------------------|
| 1) University / College | 4 points |
| 2) Vocational Course | 3 points |
| 3) High School Graduate | 2 points |
| 4) Primary School | 1 point |
| | (maximum 4 pts) |

CATEGORY I (COMPUTER AND COMPUTER KNOWLEDGE)

- | | |
|---|------------------------|
| 1) Owned Computer & have Basic Computer Knowledge | 2 points |
| | (maximum 2 pts) |

Remarks: Basic Computer Knowledge referring to know how to operate computer, on line and typing by using computer programs (excel, word, power point, etc.)

CATEGORY J (FINANCIAL CAPACITY – CASH IN BANK)

- | | |
|------------------------------|------------------------|
| 1) \$150,001 MXN and above | 3 points |
| 2) \$100,001 – \$150,000 MXN | 2 points |
| 3) \$50,000 – \$100,000 MXN | 1 point |
| | (maximum 3 pts) |

CATEGORY K (RESIDENT OF THE AREA BEING APPLIED FOR)

- | | |
|---------------------|------------------------|
| 1) More than 1 year | 2 points |
| 2) 1 year | 0 points |
| | (maximum 2 pts) |

CATEGORY L (POPULATION IN THE STATE BEING APPLIED FOR)

- | | |
|-----------------------------------|--------------------------------|
| 1) 9,000,001 to 20,000,000 people | 1 point |
| 2) 4,000,001 to 9,000,000 people | 1 point |
| 3) 2,300,001 to 4,000,000 people | 1 point |
| 4) 1,200,001 to 2,300,000 people | 1 point |
| 5) 700,000 to 1,200,000 people | 1 point |
| | (maximum 5 pts) |
| | Maximum Total Points 85 |

Total Points Scored: pts

Applicant Name: _____ Date: ____/____/____
Member Id: _____ Signature of the Applicant: _____