



## SERVICE CENTRE APPLICATION FORM

### I. APPLICANT INFORMATION

N A M E:	<input type="text"/>																									
MEMBER CODE:	<input type="text"/>						ST,SA	SR	SP	SD																
RESIDENCE ADDRESS:	<input type="text"/>																									
STATE:	<input type="text"/>										POST CODE:	<input type="text"/>														
PHONE NO:	<input type="text"/>						-	<input type="text"/>						FAX NO:	<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"/>		SEX:	<input type="text"/>																		
	dd	mm	yy					MALE																		FEMALE

### II. SPOUSE INFORMATION

N A M E:	<input type="text"/>																									
ID NO:	<input type="text"/>																									
DATE OF BIRTH:	<input type="text"/>		<input type="text"/>		<input type="text"/>		dd	mm	yy																	
MOBILE PHONE:	<input type="text"/>																									

### III. SERVICE CENTRE LOCATION INFORMATION

CENTRE ADDRESS:	<input type="text"/>																									
STATE:	<input type="text"/>										POST CODE:	<input type="text"/>														
PHONE NO:	<input type="text"/>						-	<input type="text"/>						FAX NO:	<input type="text"/>											
EMAIL ADDRESS:	<input type="text"/>																									
	<input type="text"/>																									

SERVICE CENTRE FLOOR AREA: TOTAL: \_\_\_\_\_ sq.m. COUNTER/SELLIN(sq.m.)

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

DISTANCE FROM NEAREST SERVICE CENTRE: \_\_\_\_\_ km INV# \$A \_\_\_\_\_ INV#/DATE: \_\_\_\_\_

LANGUAGE/DIALECT SPOKEN:  ENGLISH  CHINESE  OTHERS: \_\_\_\_\_

LANGUAGE/DIALECT WRITTEN:  ENGLISH  CHINESE  OTHERS: \_\_\_\_\_

**IV. RECOMMENDED BY:**

N A M E: [Grid]

MEMBER CODE: [Grid] ST,SA SR SP SD

RESIDENCE ADDRESS: [Grid]

STATE: [Grid] POST CODE: [Grid]

PHONE NO: [Grid] - [Grid] FAX NO: [Grid] - [Grid]

MOBILE PHONE: [Grid]

EMAIL ADDRESS: [Grid]

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 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 Center Memorandum of Agreement for any violation of the above policies, rules and regulation 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: [dd] [mm] [yy] TRIAL PERIOD  3 MONTHS  6 MONTHS

APPLICATION PROCESSED & CHECKED BY: \_\_\_\_\_ APPLICATION APPROVED BY: \_\_\_\_\_

\_\_\_\_\_  
Print Name & Signature

\_\_\_\_\_  
Print Name & Signature

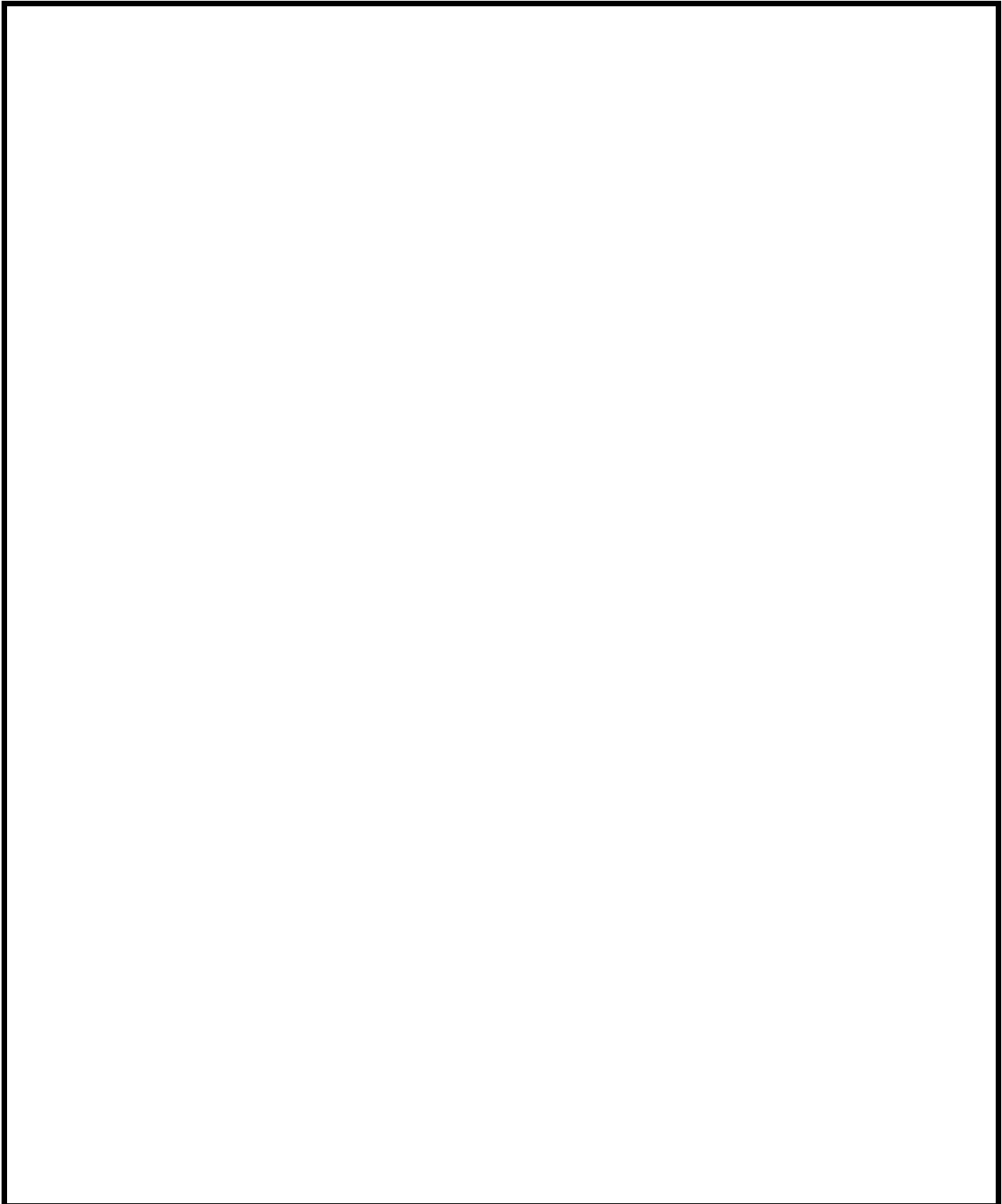
# LOCATION MAP

PLEASE MAKE A SKETCH OF YOUR SERVICE CENTRE LOCATION WITH REFERENCE TO:

1. NATIONAL ROAD, CITY or MUNICIPAL ROAD, TERTIARY ROAD

AREA COVERED - CITY, MUNICIPAL, DISTRICT, BARANGAY

LANDMARKS (e.g. CHURCH, BUILDINGS, BUSINESS ESTABLISHMENT, BANKS, SCHOOLS)

A large, empty rectangular box with a thick black border, intended for the applicant to draw a sketch of their service center location. The box is currently blank.

