



DXN International (Aust) Pty Ltd

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SERVICE CENTRE APPLICATION FORM

1. APPLICANT INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|----|----|----|--|--|---------|----|--------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|
| NAME: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEMBER CODE: | | | | | | STATUS: | SA | <input type="checkbox"/> | SR | <input type="checkbox"/> | SD | <input type="checkbox"/> | OTHER | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| RESIDENCE ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE: | | | | | | | | | | | | | | | | | | | | | POST CODE: | | | | | | | | | |
| PHONE: | | | | | | | | | | | FAX: | | | | | | | | | | | | | | | | | | | |
| MOBILE PHONE : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH: | | | | | | | | | | SEX: | <input type="checkbox"/> | MALE | <input type="checkbox"/> | FEMALE | | | | | | | | | | | | | | | | |
| | dd | mm | yy | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2. SPOUSE INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | dd | mm | yy | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOBILE PHONE : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3. SERVICE CENTRE LOCATION INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|
| CENTRE ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE: | | | | | | | | | | | | | | | | | | | | | POST CODE: | | | | | | | | | |
| PHONE : | | | | | | | | | | | FAX: | | | | | | | | | | | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SERVICE CENTRE FLOOR AREA: TOTAL : _____ sq.m.

COUNTER/SELLING _____ sq.m.

SEMINAR/MEETING AREA: _____ sq.m.

OTHER FACILITIES: _____

DISTANCE FROM NEAREST

SERVICE CENTRE: _____ km

LANGUAGE SPOKEN: ENGLISH CHINESE OTHERS: _____

LANGUAGE WRITTEN: ENGLISH CHINESE OTHERS: _____

4. RECOMMENDED BY:

NAME: _____

MEMBER CODE: _____ SA SR SD OTHER

BUSINESS HOURS: _____

STATE: _____ POST CODE: _____

PHONE : _____ FAX: _____

MOBILE PHONE : _____

EMAIL ADDRESS: _____

I, With Member Code No: residing at the above stated address formally signify my interest to apply for a Service Centre at the above given centre address or territory. I promise that I will follow and adhere faithfully to the Company's Policies and Procedures on Sales, Operations and Recruitment, Service Centre 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 Centre Memorandum of Agreement for any violation of the above policies, rules and regulations 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 : 3 MONTHS 6 MONTHS

APPLICATION PROCESSED & CHECKED BY: Print Name & Signature

APPLICATION APPROVED BY: Print Name & Signature

