DISTRIBUTORSHIP DATA UPDATE REQUEST FORM

Please complete all the applicable fields. Incomplete form will not be processed. *Ver: HQIT 004*

1. REQUESTER DETAILS

Requester Name (in BLOCK LETTER) | **Code**

2. TYPE OF REQUEST

☐ **Distributorship Data**

Name : _____ Date of Birth : _____ (DD/MM/YY)

I/C or ID : _____

☐ **Contact Information ***

Address : _____

Postcode : _____ Town : _____ State : _____

Country : _____ Email : _____

Tel. (Res) : _____ Mobile No : _____

Reason for change of address : _____

**** IMPORTANT NOTES:***

1. In the event that a distributor requests to change his/her Country and Address,
(i) the distributor must submit a copy of valid residence permit/working permit;
(ii) the said distributor will need to claim his/her old bonus from the old country where it was generated.

2. Prior approval must be obtained from International Marketing Director/Marketing Director/Regional President of existing country for change of address to other country.

☐ **Spouse**

Name : _____ I/C or ID : _____

** Please attach Marriage Certificate*

☐ **Beneficiary**

Name : _____ I/C or ID : _____

Relationship : _____

☐ **Bank Account**

Account Holder Name : _____

Account Holder Address : _____

Bank Name : _____ Account Number : _____

Bank Branch No./Bank Code: _____ IBAN Code : _____

Bank Address: _____ SWIFT Code : _____

☐ **Others *(please specify)***

_____

3. DECLARATION

a. I hereby undertake that I have obtained the valid residence permit or working permit from the pertinent authority of the country where I would like to change my address to. The copy of the residence permit or working permit is submitted herewith.

b. I hereby request that my personal data being held by DXN can be changed, modified and/or deleted as indicated in this form.

c. I hereby confirmed that the personal data given above are true and correct.

d. I hereby consent to and fully authorize DXN to handle and process my personal data disclosed by me or whichever available with DXN in accordance with the DXN Privacy Policy.

e. I irrevocably agree and acknowledge that DXN has the absolute right to transfer/revert the claim/payment of bonus and/or commission back to origin country or any country that DXN deems appropriate without any prior notice or reason.

Signature of Requester : _____ Date : _____

4. FOR BRANCH USE ONLY

Endorsed by : _____

Name :

Position :

Date :

5. FOR GIT USE ONLY

Checked/updated by : _____

Officer's Name :

Position :

Date :