

# DXN

## DISTRIBUTOR BUY BACK FORM

Member Name : \_\_\_\_\_ Sponsor Name : \_\_\_\_\_

Member Code : \_\_\_\_\_ Sponsor Code : \_\_\_\_\_

Address : \_\_\_\_\_

Email : \_\_\_\_\_ Tel : \_\_\_\_\_

Cash Bill No. : \_\_\_\_\_ Purchase Date : \_\_\_\_\_

No	Product Code	Item	SV/unit	DP/unit	Quantity	Total SV	Total DP ( )	
<b>GRAND TOTAL</b>								

*\*Member must fill in all required fields. Incomplete form will not be processed.*

Reasons for returning : \_\_\_\_\_

I hereby confirmed that the above product details are accurate and I attached the related Cash Bill for further reference. I agreed to abide by the return/refund policy as mentioned in the DXN Distributor Rules & Regulations.

Returned by \_\_\_\_\_ Received & checked by \_\_\_\_\_  products in good condition  
 original cash bill

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

### FOR OFFICE USE ONLY

**Refund Calculation** (Vary according to the respective Buy Back clause as stipulated in Distributor Rules & Regulations)

Total DP ( ) currency		
Less: [ ]% of Total SV		(If bonus has been processed)
Less: Shipping or Handling cost		
Less: Others		(Other miscellaneous cost to be borne by the member)
Amount To Be Refunded ( ) currency		

Prepared by \_\_\_\_\_ Reviewed by (Country Manager) \_\_\_\_\_ Approved / Not Approved by (IMD) \_\_\_\_\_

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

Remarks