



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

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2. TYPE OF REQUEST

Distributorship Data

Name : _____

Date of Birth : _____

I/C or ID : _____

(DD/MM/YY)

Contact Information *

Address : _____

Postcode : _____ Town : _____ State : _____

Country : _____ Email : _____

Tel. (Res) : _____ Mobile No : _____

Reason for change of address : _____

* IMPORTANT NOTES:

- 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.
- 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: _____ IFSC Code : _____

Bank Address: _____ SWIFT Code : _____

Others (please specify)

3. DECLARATION

- 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.
- I hereby request that my personal data being held by DXN can be changed, modified and/or deleted as indicated in this form.
- I hereby confirmed that the personal data given above are true and correct.
- 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.
- 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 : _____