

**DXN MARKETING INDIA PRIVATE LIMITED**

No.69 (old No.29) Eldams Road, Teynampet, Chennai, Tamil Nadu-600 018.
E-mail ID for South India: sashi@dxn2u.com | North India: stknorth@dxn2u.com

SERVICE CENTER APPLICATION

1. TYPE OF SERVICE CENTER Class A ☐ Class B ☐ Class C ☐ Tick any one

2. APPLICANT INFORMATION:

Name																															
Distributor Code :									Status :											Status From: SA – CA											
Postal Code:							Place of Service Center :																								
District :													State:																		
Phone No. :											Nationality:							Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female											
Date of Birth :							Mail ID:																								
	(D)	(M)	(Year)																												

3. HUSBAND / WIFE INFORMATION:

Name:																														
Distributor Code :									Date of Birth :																					
									(D)	(M)	(Year)																			

4. SERVICE CENTER LOCATION INFORMATION :

Proposed Service Center Name																																			
Address :																																			
District :													State:																						
Postal Code:							Mobile No:							Land Line:																					
Area of the Service Center :											Sq. feet	Sales Counter :											Sq. feet	Meeting Hall :											Sq. feet
Other Area:											Sq. feet	Nearest Service Center Distance :											km												

5. RECOMMENDED BY:

Name																																
Distributor Code :									Status :											Status From: SA – CA												
Address :																																
District :													State:																			
Postal Code:							Mobile No:							Land Line:																		

I, _____, with the membership code: _____, residing at the address indicated above, I demonstrate my interest in requesting a Service Center at the address mentioned above. I swear to follow and comply with the Company's Sales, Operations and Recruitment Policies and Procedures, Service Center Operations Agreement, Service Center Duties, Rules and Regulations and the DXN Distributor Code of Conduct. I declare that the information I have provided above is true, correct and to the best of my knowledge. I am aware that the company reserves the right to disapprove my application for any inappropriate representation and/or cancel my Service Center contract for any violation of the Company's Policies, Standards and Rules committed by the person signing it. All applications will be subject to pre-approval inspection. The company reserves the right to disapprove the request, if it deems necessary without any obligation to provide reasons for such decision. The signed Service Center Application and Service Center Operations Agreement must be completed and submitted to the Company with the relevant requested documents.

Recommended by: _____

Applicant Signature & Date: _____

Signature & Date: _____

FOR OFFICE USE ONLY(Do not Fill)

Date of the Interview: _____ Probation Period: ☐ 3 Months ☐ 6 Months

Requested By:
Stockist Department

Recommended By:
Marketing Manager

Approved By:
International Marketing Director

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Service Center Questionaries

First Evaluation: (Total : 50 Marks- For each answer will get upto 10 marks by the Stockist Department)

Applicant Name: _____

Place : _____

Please answer the following questions, which are very relevant to your success as a Service Center of DXN : Mark: _____

1. What is your main Objective / Purpose when applying a Service Center?
(जब आप किसी सेवा केंद्र के लिए आवेदन करते हैं तो आपका मुख्य उद्देश्य/ मकसद क्या होता है?)

2. Based on your experience as a DXN distributor, what do you suggest a Service Center should do to grow in the area?
(एक DXN वितरक के रूप में और आपके अनुभव के आधार पर, आप क्या सुझाव देते हैं कि क्षेत्र में विकास के लिए एक सेवा केंद्र को क्या करना चाहिए ?) Mark: _____

3. How much are you willing to invest as additional capital, if necessary, due to the increase in no. of distributors who purchase in the center?
(सेवा केंद्र से खरीदारी करने वाले वितरकों की संख्या में वृद्धि के कारण यदि आवश्यक हो तो आप अतिरिक्त पूंजी के रूप में कितना निवेश करने को तैयार हैं ?) Mark: _____

4. What is the specific support that the DXN Leader promised you that convinced you to establish a Service Center?
(DXN लीडर ने आपसे किस विशिष्ट समर्थन का वादा किया था जिसने आपको एक सेवा केंद्र स्थापित करने के लिए आह्वान किया ?) Mark: _____

Please Specify the DXN Leader Name & Status: (कृपया DXN लीडर का नाम और स्टेटस बताएं)

DXN Leader Name

Status

5. What support do you think you will need from the Company for the development of the business in the area?
(आपके अनुसार क्षेत्र में व्यवसाय के विकास के लिए आपको कंपनी से किस सहायता की आवश्यकता होगी ?) Mark: _____

Stockist Department-Signature

Name:

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Second Evaluation: (Total : 50 Marks)- (All the information and personal interview done by the State PIC / TM)

Qualification based on Point System for the applicant in a New Market (नई बाजार में आवेदक के लिए अंकों की प्रणाली पर आधारित योग्यता)

1. CATEGORY-A: DISTRIBUTOR STATUS- (वितरक का स्टेटस)

Tick any One

- 1) Crown Diamond – Crown Ambassador (CD-CA)
- 2) Gold Diamond - (GD)
- 3) Triple Diamond - (TD)
- 4) Star Diamond - Double Diamond (SD – DD)
- 5) Star Agent – Star Ruby (SA – SR)

- | | | |
|----|------|--------------------------|
| 10 | Mark | <input type="checkbox"/> |
| 8 | Mark | <input type="checkbox"/> |
| 6 | Mark | <input type="checkbox"/> |
| 4 | Mark | <input type="checkbox"/> |
| 2 | Mark | <input type="checkbox"/> |

2. CATEGORY-B: EDUCATIONAL QUALIFICATION-(शैक्षिक योग्यता)

Tick any One

- 1) Post Graduate
- 2) Graduate
- 3) Diploma
- 4) Higher School
- 5) Primary & Secondary School

Please provide Education Certificate

- | | | |
|---|------|--------------------------|
| 5 | Mark | <input type="checkbox"/> |
| 4 | Mark | <input type="checkbox"/> |
| 3 | Mark | <input type="checkbox"/> |
| 2 | Mark | <input type="checkbox"/> |
| 1 | Mark | <input type="checkbox"/> |

3. CATEGORY-C: MONTHLY BONUS INCOME- (मासिक बोनस आय)

Tick any One

- 1) Income above Rs.1,00,000/-
- 2) Income Between Rs.50,000/- – Rs.1,00,000/-
- 3) Income Between Rs.25,000 – Rs.50,000/-
- 4) Income Between Rs.15,000/- - Rs.25,000/-
- 5) Income below Rs.15,000/-

Please provide last 3 months DXN Member Bonus Statement

- | | | |
|---|------|--------------------------|
| 5 | Mark | <input type="checkbox"/> |
| 4 | Mark | <input type="checkbox"/> |
| 3 | Mark | <input type="checkbox"/> |
| 2 | Mark | <input type="checkbox"/> |
| 1 | Mark | <input type="checkbox"/> |

4. CATEGORY-D: NO. OF LEADERS TO SUPPORT THE AREA AND THE APPLICANT

Tick any One

(क्षेत्र और आवेदक को समर्थन देने वाले लीडर्स की संख्या)

Code

Name

- 1) 5 – Active Leaders _____
- 2) 4 – Active Leaders _____
- 3) 3 – Active Leaders _____
- 4) 2 – Active Leaders _____
- 5) 1 - Active Leader _____

- | | | |
|---|------|--------------------------|
| 5 | Mark | <input type="checkbox"/> |
| 4 | Mark | <input type="checkbox"/> |
| 3 | Mark | <input type="checkbox"/> |
| 2 | Mark | <input type="checkbox"/> |
| 1 | Mark | <input type="checkbox"/> |

*If the aforementioned CATEGORY, a Leader as mentioned is active, his income of the previous three months from the date of application should be Rs.50,000/-or more per month. (यदि उपरोक्त श्रेणी में उल्लिखित लीडर सक्रिय है, तो आवेदन की तारीख से पिछली तीन महीनों की उसकी आय प्रति माह 50,000 या अधिक होनी चाहिए।)

5. CATEGORY-E: FROM HOW LONG THE APPLICANT IS RESIDING IN REQUESTED AREA

Tick any One

(आवेदक अनुरोधित क्षेत्र में कितने समय से निवास कर रहा है)

- 1) More than 2 Years
- 2) 1 Year or more

Please Provide House Rent Agreement

- | | | |
|---|------|--------------------------|
| 2 | Mark | <input type="checkbox"/> |
| 1 | Mark | <input type="checkbox"/> |

6. CATEGORY-F: NO. OF ACTIVE DISTRIBUTORS IN YOUR NETWORK

Tick any One

(आपके नेटवर्क में सक्रिय वितरकों की संख्या)

- 1) 100 Active Distributor or More
- 2) 50-99 Active Distributors
- 3) 20-49 Active Distributors

- | | | |
|---|------|--------------------------|
| 3 | Mark | <input type="checkbox"/> |
| 2 | Mark | <input type="checkbox"/> |
| 1 | Mark | <input type="checkbox"/> |

7. CATEGORY-G: TRAINING SKILL- (प्रशिक्षण कौशल)

Applicant must be able to take below Company Basic Training Modules (**Compulsory**)
(आवेदक को निम्नलिखित कंपनी के बुनियादी प्रशिक्षण मॉड्यूल (अनिवार्य) लेने में सक्षम होना चाहिए।)

- 1) Business Opportunity Meeting – BOM
- 2) New Distributor Training – NDT
- 3) Marketing Plan
- 4) Product Training
- 5) DXN Culture

- | | | |
|---|------|--------------------------|
| 3 | Mark | <input type="checkbox"/> |
| 3 | Mark | <input type="checkbox"/> |
| 3 | Mark | <input type="checkbox"/> |
| 3 | Mark | <input type="checkbox"/> |
| 3 | Mark | <input type="checkbox"/> |

8. CATEGORY-H: BASIC KNOWLEDGE- (मूलभूत ज्ञान)

- 1) Basic Computer Knowledge- Email Browsing online, Typing and other Application
- 2) Basic Knowledge of IT Returns, & GST Guidelines
- 3) Basic Knowledge of Accounts

- | | | |
|---|------|--------------------------|
| 2 | Mark | <input type="checkbox"/> |
| 2 | Mark | <input type="checkbox"/> |
| 1 | Mark | <input type="checkbox"/> |

Total Marks

/100

State PIC/TM-Signature

Name: _____