DISTRIBUTOR MEMBERSHIP FORM

DXN MÈXICO S.A de C.V
La Calle de Londres No. 47, Col. Juarez. C.P. 06600
TEL (555) 207-6228 • FAX (555) 207-6229

DISTRIBUTOR I.D. NUMBER

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST) OR NAME OF BUSINESS ENTITY

FEDERAL TAX ID. NUMBER
(*THIS INFORMATION IS REQUIRED TO QUALIFY AS A DISTRIBUTOR*)

BUSINESS TAX ID
PERSONAL TAX ID

DATE OF BIRTH
(MM/DD/YY)

MAILING ADDRESS

COLONY | CITY AND STATE | POSTAL CODE | COUNTRY

PHONE NUMBER

FAX NUMBER

CELLPHONE / BUSINESS

E-MAIL

2. SPONSOR / PLACEMENT INFORMATION

SPONSOR ID NUMBER

SPONSOR NAME

3. BONUS PAYMENT INFORMATION

ACCOUNT NUMBER ☐ **BANCOMER** ☐ **HSBC**

NAME OF THE ACCOUNT HOLDER

4. AGREEMENT

This Agreement is entered into between the APPLICANT, named above (hereafter "APPLICANT") and DXN MÈXICO S.A. de C.V. The parties agree that:

APPLICANT hereby applies as a DXN DISTRIBUTOR (Independent Distributor) in DXN MÈXICO S.A. de C.V. APPLICANT is authorized as a DXN DISTRIBUTOR (Independent Distributor) and granted the rights to sell DXN MÈXICO S.A. de C.V. products. DXN MÈXICO S.A. de C.V. reserves the right to accept or reject any application for any reason, in accordance with the terms and conditions set forth in the DXN MÈXICO S.A. de C.V. Policies and Procedures, as such now exists or may hereafter be amended.

By Submitting this application and any order associated with it, I attest that the information contained in it is complete and true, and that I am at least 18 years of age. I understand DXN's Business Plan. I understand and agree with the "BASIC AGREEMENT" stated at the back of this form. I understand that this application/order is binding upon me as a DXN DISTRIBUTOR. I agree to comply with the DXN MÈXICO S.A. de C.V. Policies and Procedures as they are currently written and as they may be amended by DXN MÈXICO S.A. de C.V. Any DXN DISTRIBUTOR may cancel their membership at any time by submitting their resignation in writing to the Country Manager.

DECLINE OF ISR'S 2.0% RETENTION: I do not wish DXN MÈXICO S.A. de C.V to place any tax retention on my income. In virtue of the previous, I am responsible for the payment of my taxes, as well as any other situation presented by the Secretary of the Treasury and Public Credit. I am committed to provide you with my Tax I.D. shortly.

APPLICANT'S NAME	**APPLICANT'S SIGNATURE**	**DATE**