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DXN Aloe. V Series





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UKIV INIEKINAIIUNAL. PAKISTAN (PVT) LTD
2nd Floor, OPF Building, Plot i $20-$ Alll, Block-6, P.E.C.H.S.,
Shahrah-e-Faisal, Karachi. Ph:9221-3434475-77, Fax: 9221-34324479
Email:dxnpakistan@dxn2u.com;Web: www.pakistan.dxn2u.com


## MEMBERSHIP FORM

1. Applicant's Particulars:
First Name

| A | M | 1 | $R$ |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

2. Nationality P(AKISITAMID
3. PIN No.


7

8.

9. Contact Numbers With Code:


Application Form No:
Last Name

3. Date of Birth | 10 | 9 | 1 | 916 |
| :--- | :--- | :--- | :--- | :--- |
4. N.I.C. No.
5. Sex


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                             Postal Code City \(|A A R| C|H| D\)
    
Spouse Name


Name of Beneficiary


12. Sponsor's Name |ASIII IMASIOनDITITITI


Relationship


Relationship
[BROTHERTID

Sponsor's Code [186106|72199
13. APPLICANT'S DECLARATION
i) I declare that all details given are correct. Should there be any false information given, the company reserves the right to terminate this application without prior notice.
ii) I confirm that my spouse and I have not been active for the last 12 consecutive months or my spouse and I have never joined DXN at the time of this application.
iii) I understand that I will be a valid DXN distributor upon approval of this application.
iv) I have read and agreed with all the Rules and Regulations of DXN Marketing Sdn. Bhd.

Office Copy
Signature: $\qquad$ Date: $0 / 7$ 015 $210 / 12$
FOR OFFICE USE
Membership Number
$\square$
Approved/Disapproved By: $\qquad$
Branch/Service Centre:
Date:
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