

DAEHSAN CANADA INC.

714 CABANA ROAD EAST, WINDSOR, ON CANADA N9G 1A4 TEL: 1-519-967-1522 FAX: 1-519-967-1974

DISTRIBUTOR APPLICATION FORM

SIGNATURE OF APPLICANT

DATE

Notice: Please read DXN Rules and Regu		a h = 5	~		Je t'	na 41-	in fa																						
APPLICANT'S PARTICULAR																													
		_	7		_	_	_	_	Т						_								1						_
NAME OR NAME OF BUSINESS ENTITY	Н		+	+	\pm	+	+	<u> </u>	1	<u> </u>	_	<u> </u>												_				+	4
	H	+	+	+	\pm	+	+	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<u> </u>							1					_	4
SIN/CITIZENSHIP I.D NUMBER	Щ	_	_		¥	<u> </u>	<u> </u>		<u> </u>			<u> </u>							MA	\LE					F	EM/	\LE	L	┛
PASSPORT NUMBER]		DA	TE	OF E	BIRT	ТН		D	D	-	M	М	-	Ų	Y	Y	Υ
ADDRESS																													
																													ī
	Ħ	Ì	i	Ì	Ì	Ì	Ì	Ì	Ì							Ī		Ì										Ì	Ħ
	Ħ		i		İ	Ť			†																				Ħ
POSTAL CODE	Ħ		İ						Ì]													
COUNTRY																													
TEL NO.	RE	s														0	FF												
HANDPHONE NO.		Ť	i	Ì	Ī	Ì	Ī		Ì									Ī											
EMAIL ADDRESS	Ħ	Ì	Ī	Ì	Ī	Ì			Ì									<u>.</u>											
SPOUSE'S PARTICULAR																							<u> </u>	<u> </u>				-	
NAME	П	Т	Ŧ	Т	Т	Т	Т	Т	Т	П	П		П		П	Г	П	П											
	H	1	t	<u> </u>	t	1	t	<u> </u>	Ī	<u> </u>	<u> </u>	<u> </u>				<u> </u>		Ì					<u> </u>	<u> </u>				\pm	爿
SIN/CITIZENSHIP I.D. NUMBER	H		+	\pm	Ŧ	\pm	+	1	 		<u> </u>	<u> </u>				<u> </u>			N//	\LE			i i	<u> </u>		EM/	U.E.	+	=
PASSPORT NUMBER	H	<u> </u>	+	<u> </u>	+	<u> </u>	+	<u> </u>	<u> </u>				<u> </u>	ΔΛ.		DF E	l NDT		IVIA	\LE		-			г 	E IVI <i>F</i>	ALE	<u> </u>	=
PASSPORT NUMBER	Ш												J	DA	1 = 1	JF E	oir i	П		D	D	١-	М	М	-	Υ	Υ	Υ	Υ
Have you or your spouse registered before	as a	meml	ber	r?									YES	3				NO											
Previous Code No.																													
BENEFICIARY'S PARTICULAR																													
NAME																													
																													=
																												i	
SIN/CITIZENSHIP I.D. NUMBER			<u> </u>																MA	\LE					F	EM/	ALE		╡
SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER														SPO	ONS	SOR	'S C	ODE	1	ALE					F	EMA	\LE		
					I I									SPO	ONS	SOR	'S C	ODI	1	\LE					F	EMA	ALE	<u> </u>	
PASSPORT NUMBER					I]	SPO	ONS	SOR	'S C	CODE	1	ALE					F	EMA	ALE		
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR				r			I I I IR		 		I I		 - -	SPO							n		R						
PASSPORT NUMBER RELATIONSHIP				rli			I I I I I	e	l l	t	I I I r	I I]] 	SPO				odi a			n		R	е			Ó		
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR							I I I I	e	a	l l	r	l i	 - z	SPO					ñ	ó	n			е	n	d	ó		
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME				rli			I I I I	 	l l la	t	 		 - z		M	a	r	а	ñ MÆ	Ó	<u>n</u>	0	 	e	n	d EM/	Ó		
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER				rli			I I B I	e	a	t	 		 		M	a	r		ñ MÆ	Ó		0	 R 0		n	d	Ó		
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd.							I I I I	 	la	t			 		M	a	r	а	ñ MÆ	Ó		0	R		n	d EM/	Ó		
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A		SIGN	I I	TUF	I I I						I r	info		SPO	M	a SOR	r 's c	ОД	Ĩ MA	ó ALE	8	0	0	0	n F 5	d 	ó	8	
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A 1. I declare that all details given	AND are	SIGN	I I I	TUF	∐ ∐ RE						l r	info		SPO	M	a SOR	r 's c	ОД	Ĩ MA	ó ALE	8	0	0	0	n F 5	d 	ó	8	
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A 1. I declare that all details given terminate this application with 2. I confirm that my spouse and	are nout p	SIGN corre	NA ect	TUR t. Shotice beer	I I I oul	d the	I I	be	any	l l] orm	SPC	M SMC	a	r sc	a coor	m MA	ó ALE	8 ny	0 res	0 erv	0 es	n F 5	d EMA	ó ALE	8	
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A 1. I declare that all details given terminate this application with 2. I confirm that my spouse and joined DXN at the time of this	are nout p	SIGN corre	NA ect no	ATUR t. Shotice beer n.	I I I oul	d the	ere	be	any e pa	/ fa	12 (con	orm	SPO	M ONS	a SOR	r sc	a coor	m MA	ó ALE	8 ny	0 res	0 erv	0 es	n F 5	d EMA	ó ALE	8	
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A 1. I declare that all details given terminate this application with 2. I confirm that my spouse and joined DXN at the time of this 3. I understand that I will be a variance.	are on apple	SIGN corre	NA ect not l	t. Shotice beer n. stribu	E oul	d the	ere for	be the	any e pa	/ fa	12 of th	con	prm sec	SPO	M ONS	a SOR	r sc	a coor	m MA	ó ALE	8 ny	0 res	0 erv	0 es	n F 5	d EMA	ó ALE	8	
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A 1. I declare that all details given terminate this application with 2. I confirm that my spouse and joined DXN at the time of this	are on apple	SIGN corre	NA ect not l	t. Shotice beer n. stribu	E oul	d the	ere for	be the	any e pa	/ fa	12 of th	con	prm sec	SPO	M ONS	a SOR	r S C	code the	m MA ≡ com my	ó LE 1 spe	8 Iny ous	0 res	0 erv	es Tha	n F 5	d EMA	ó ALE	8	
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A 1. I declare that all details given terminate this application with 2. I confirm that my spouse and joined DXN at the time of this 3. I understand that I will be a variance.	are on apple	SIGN corre	NA ect not l	t. Shotice beer n. stribu	E oul	d the	ere for	be the	any e pa	/ fa	12 of th	con	sec app	spo	M ONS	a SOR	r S C	a coor	m MA ≡ com my	ó LE 1 spe	8 Iny ous	0 res	0 erv	es Tha	n F 5	d EMA	ó ALE	8	
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A 1. I declare that all details given terminate this application with 2. I confirm that my spouse and joined DXN at the time of this 3. I understand that I will be a variance.	are on apple	SIGN corre	NA ect not l	t. Shotice beer n. stribu	E oul	d the	ere for	be the	any e pa	/ fa	12 of th	con	sec	SPO	ONS on g	a soor	r S C	code the	m MA ≡ com my	ó LE 1 spe	8 Iny ous	0 res	0 erv	es Tha	n F 5	d EMA	ó ALE	8	
PASSPORT NUMBER RELATIONSHIP SPONSOR'S PARTICULAR NAME SIN/CITIZENSHIP I.D. NUMBER PASSPORT NUMBER To: DXN Marketing sdn. Bhd. APPLICANT'S DECLARATION A 1. I declare that all details given terminate this application with 2. I confirm that my spouse and joined DXN at the time of this 3. I understand that I will be a variance.	are on apple	SIGN corre	NA ect not l	t. Shotice beer n. stribu	E oul	d the	ere for	be the	any e pa	/ fa	12 of th	con	sec app	spo	ONS on g	a a soon soon soon soon soon soon soon s	r S C	code the	m MA ≡ com my	ó LE 1 spe	8 Iny ous	0 res	0 erv	es Tha	n F 5	d EMA	ó ALE	8	

Membership Code