



MXM INTERNATIONAL SDN BHD (251435-D) AJL 93246

MXM Tower, Level 801, Block A, Pusat Dagangan Phileo Damansara II, No. 15 Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor  
T 603-7721 2888 F 603-7721 2889 E enquiries@mxm.com.my W www.mxm.com.my

# MXM AGENT Application Form

## • APPLICANT'S INFORMATION (To be completed in block letters)

Please (√) the applicable box :

Are you an existing MXM Member?  No  Yes If yes, Membership Type \_\_\_\_\_ Membership No \_\_\_\_\_

Full Name as in NRIC \_\_\_\_\_

New NRIC No. \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

|                                      |  |                                       |  |
|--------------------------------------|--|---------------------------------------|--|
| Gender <input type="checkbox"/> Male | Marital Status <input type="checkbox"/> Single | Race <input type="checkbox"/> Malay   | Nationality <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Female      | <input type="checkbox"/> Married               | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Others _____          |
|                                      | <input type="checkbox"/> Divorced              | <input type="checkbox"/> Indian       |  |
|                                      | <input type="checkbox"/> Widower               | <input type="checkbox"/> Others _____ |  |
|                                      | <input type="checkbox"/> Widow                 |                                       |  |

Occupation \_\_\_\_\_

Nature of Work \_\_\_\_\_

Correspondence Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No. (R) \_\_\_\_\_ (O) \_\_\_\_\_ (H/P) \_\_\_\_\_

Email Address \_\_\_\_\_

Do you wish to receive SMS from MXM?  Yes  No SMS in  English  Chinese  BM

### I hereby apply to be appointed as an independent MXM AGENT and I hereby agree, acknowledge and declare as follows:

- I have attained eighteen (18) years of age and agree to pay the Joining Fee herein stated.
- Upon submission of this application to MXM, I hereby agree to be bound by the terms and conditions herein stipulated and the Agent's Code of Conduct.
- This application is subject to a cooling off period of ten (10) working days from the date of receipt by MXM of this application in which instance I acknowledge that I shall be entitled to a refund of the Joining Fee after deducting such administrative fee to be decided at the sole discretion of MXM.
- Upon the expiry of the aforesaid cooling off period, I acknowledge that cancellation of my AGENT Account is strictly not allowed and that MXM shall not be liable to refund to me any portion of the Joining Fee.
- I acknowledge that I am not an employee of MXM and I am therefore solely responsible to declare and pay any taxes payable in the course of my agency.
- Any commission payable under the respective incentive/marketing plans shall only be paid after the expiry of the applicable cooling off period for purchase of a Program. In the event any commissions are paid pursuant to a purchase that is subsequently terminated, I acknowledge that MXM is entitled to a full refund of same.
- MXM reserves the absolute right to recall any amount paid to me such as advance commission and/or extra incentives in the event any directly recruited (MPP) Members fail to pay the applicable Membership Fee.
- I am not restricted in my territorial coverage unless prohibited by any law.
- I may engage other persons to assist in the agency on condition that I shall be fully responsible for their acts and omissions and I shall ensure that they are of reputable character and presentable in appearance and that they observe the terms and conditions herein.
- I acknowledge that I cannot change my introducer unless my AGENT Account has been terminated and that MXM is not obliged to accept a new application for a new agent account from me until six (6) months has lapsed after such termination.
- In the event I am in breach of any of the above terms and conditions, or any rules of conduct or code of ethics of MXM and/or the Program, my AGENT Account and/or Program Membership may be terminated immediately without any compensation whatsoever and I acknowledge that I shall remain liable for any loss or damage incurred or suffered by MXM resulting from such breach.
- I acknowledge that the terms and conditions herein shall be governed by the enforced laws of Malaysia.
- Upon achieving the status of Hyper Star (or its equivalent), I hereby declare and undertake that I shall not be actively associated with any direct selling company other than MXM International Sdn Bhd as this may result in potential direct or indirect conflict of interests.
- MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and/or terms and conditions of the Program and/or the incentive/ marketing plan from time to time.

Please sign below to indicate that you have read and understood and agreed to be bound by the aforesaid terms and conditions. Please obtain an official receipt as evidence of payment of the Joining Fee.

**THIS AGREEMENT IS SUBJECT TO A COOLING OFF PERIOD OF TEN ( 10 ) WORKING DAYS.**

\_\_\_\_\_  
Signature of Applicant

Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Introducer's Signature

Introducer's Name \_\_\_\_\_

NRIC No. \_\_\_\_\_

Date \_\_\_\_\_

## • AUTO BANK-IN OF MONTHLY COMMISSION AUTHORIZATION FORM

I hereby authorize the company to credit my commission to my bank account indicated below. I agree that with this service, a deduction of RM2.50 from the amount credited will be incurred each time I request for a commission payout.

### MY BANK ACCOUNT DETAILS ARE AS FOLLOWS

Please tick (✓) your bank:

- |  |   |
|--|---|
| <input type="checkbox"/> ALLIANCE BANK MALAYSIA BHD (code: 02) | <input type="checkbox"/> HONG LEONG BANK BHD (code: 09)             |
| <input type="checkbox"/> AMBANK BHD (code: 03)                 | <input type="checkbox"/> HSBC BANK (M) BHD (code: 24)               |
| <input type="checkbox"/> BANK ISLAM MALAYSIA BHD (code: 05)    | <input type="checkbox"/> MAYBANK BHD (code: 11)                     |
| <input type="checkbox"/> BANK MUALAMAT (M) BHD (code: 31)      | <input type="checkbox"/> OCBC BANK (M) BHD (code: 25)               |
| <input type="checkbox"/> CIMB BANK BHD (code: 30)              | <input type="checkbox"/> PUBLIC BANK BHD (code: 12)                 |
| <input type="checkbox"/> CITIBANK BHD (code: 15)               | <input type="checkbox"/> RHB BANK BHD (code: 13)                    |
| <input type="checkbox"/> EON BANK BHD (code: 07)               | <input type="checkbox"/> STANDARD CHARTERED BANK (M) BHD (code: 26) |
| <input type="checkbox"/> EONCAP ISLAMIC BANK BHD (code: 32)    | <input type="checkbox"/> UNITED OVERSEAS BANK (M) BHD (code: 27)    |



Branch \_\_\_\_\_ Account No. \_\_\_\_\_ Signature \_\_\_\_\_

### Via Debit / Credit Card

(Subject to Terms & Conditions)



Upon acceptance of my application as a MXM Agent, I hereby authorize MXM International Sdn Bhd to charge my Agent Joining Fee amounting to

**RM 100.00** (Yearly)     **RM 200.00** (2-Yearly)

|  |   |
|--|---|
| Card Holder's Name _____                                     | NRIC No. (new) _____  |
| Tel (H/P) _____ (O) _____ (Hse) _____                        |   |
| Credit Card No. _____  | Card Expiry Date _____  |
| CVV / CID Number _____ (Last 3 digit on the signature panel) | <input type="checkbox"/>  <input type="checkbox"/>  |
| Issuing Bank _____   |   |
| Cardholder's Signature _____                                 | Date _____  |

### STANDING INSTRUCTIONS TO CHARGE UPON EACH ANNIVERSARY JOINING FEE VIA CREDIT/DEBIT CARD

I hereby authorize MXM INTERNATIONAL SDN BHD to charge upon each anniversary Agency Fee and where applicable, the Renewal Agency Joining Fee applicable of the expiry of anniversary of my prevailing Agency and thereafter at the renewal of each subsequent Agency either (a) by way of off setting the Agency Joining Fee payable from any commissions due to me or (b) by charging the Credit/Debit Card indicated below with the payment plan indicated. This authorization will remain valid and in effect until cancelled by myself in writing to MXM INTERNATIONAL SDN BHD three (3) months prior to the expiry of my prevailing Agency. Notwithstanding the above instructions, I agree that my Agency may be terminated if the Agency Joining Fee is not paid when due.

|  |   |
|--|---|
| Card Holder's Name _____                                     | NRIC No. (new) _____  |
| Tel (H/P) _____ (O) _____ (Hse) _____                        |   |
| Credit Card No. _____  | Card Expiry Date _____  |
| CVV / CID Number _____ (Last 3 digit on the signature panel) | <input type="checkbox"/>  <input type="checkbox"/>  |
| Issuing Bank _____   |   |
| Cardholder's Signature _____                                 | Date _____  |

### Via Cheque

Cheque No. \_\_\_\_\_ Issuing Bank \_\_\_\_\_

Cheque should be made payable to Pathlab Health Management (M) Sdn Bhd (Co. No. 299313-M)

## • FOR OFFICE USE ONLY

Centre's Code \_\_\_\_\_ Member's Name (if any) \_\_\_\_\_ Official Receipt No. \_\_\_\_\_  
 Batch Form No. \_\_\_\_\_ Agent's Code \_\_\_\_\_

**MXM INTERNATIONAL SDN BHD** (251435-D) AJL 93246  
 MXM Tower, Level 801, Block A  
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 46350 Petaling Jaya, Selangor  
**T +603 7721 2888 F +603 7721 2889**

**MXM PENANG**  
 16B, 2<sup>nd</sup> Floor, Lebuhraya Thean Teik  
 Bandar Ayer Hitam, 11500 Penang  
**T +604 826 9223 F +604 829 4829**

**MXM IPOH**  
 43B, Medan Ipoh 1A, Medan Ipoh Bistari, 31400 Ipoh Perak  
**T +605 548 9529 F +605 548 9529**

**MXM MELAKA**  
 No. 17-19B, Jln Melaka Raya 24, Taman Melaka Raya  
 75000 Melaka  
**T +606 286 6698 F +606 286 6693**

**MXM JOHOR BAHRU**  
 No. 52, 52A & 53, 53A, Jln Sulam, Taman Sentosa  
 80150 Johor Bahru, Johor  
**T +607 332 1889 F +607 335 2889**

**MXM KOTA KINABALU**  
 No. 21-1, Lot 58A, 1<sup>st</sup> floor, Lorong Lintas Plaza 2  
 Lintas Plaza, 88300 Kota Kinabalu, Sabah  
**T +6088 260 655 F +6088 260 655**

**MXM SANDAKAN**  
 Block 14, Lot 2, 1<sup>st</sup> Floor, Bandar Indah  
 90000 Sandakan, Sabah  
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**MXM SIBU**  
 No. 43, Lorong Pahlawan 7, 96000 Sibu Sarawak.  
**T +6084 212 292 F +6084 219 622**