



## ICING ON THE CAKE- LETTER OF INTENT

Date: MM/DD/YYYY (01/10/2019)

Name: Distributor name (Mr. Robert)

Membership Code: 9XXXXXXXXX (Distributor Code)

No. of Package Purchase	Please Tick(/)		Under iCode of	For office use only (to fill the actual iUpcode)
<b>1<sup>st</sup> Unit</b>	<input checked="" type="checkbox"/>	A	(*For membership taken before 1 <sup>st</sup> January 2014, leave this column blank as system will auto assign the iUpcode)  (Enter your Sponsor iCode here- based on the Sponsor iCodes available in the OBS Billing option for IOC)	Staff / Stockist to fill the actual Sponsor iCode after generating the IOC Invoice in OB-System.
<b>Additional Units</b>  *if you do not have the iCode of current purchased iPackage, please indicate the letter (eg.A,A1,A2 etc) as the iCode.	<input checked="" type="checkbox"/>	A1	Sponsor iCode- Chosen by member  For example : A	Staff / Stockist to fill the actual Sponsor iCode after generating the IOC Invoice in OB-System.
	<input checked="" type="checkbox"/>	A2	Sponsor iCode- Chosen by member  For example : A1	Staff / Stockist to fill the actual Sponsor iCode after generating the IOC Invoice in OB-System.

Total Unit(s) Purchased: 3 ( No. Of IOC units to be mention here)

### Payment Option:



Cash



Credit Card



e-wallet

Amount in Words: \_\_\_\_\_

*I hereby agree that, I understand that purchasing in IOC, is optional and supplementary to the existing marketing plan. I have read and understood the IOC plan.*

*I have understood the product and its benefits; and this purchase is within my consumption and retail-able capacity.*

I hereby agree to the Terms and Conditions of the Icing on the Cake (IOC) overleaf.

**Distributor Signature is mandatory**

Signature (DXN Member)

Date: MM/DD/YYYY

### For Branch / Stockist Use Only

Staff / Stockist Signature

Received by: .....

Officer Name: Staff / Stockist Name

Position: Staff Designation / Stockist Code

Date: MM/DD/YYYY