美商國際日健股份有限公司台灣分公司
NIKKEN TAIWAN, INC., TAIWAN BRANCH
台北市忠孝東路2段88號3F-1
3F-1, No.88, Chung-Hsiao E. Road, Sec.2, Taipei, Taiwan, R.O.C.
TEL:(02)2327-9666 FAX:(02)2327-9668

事業商協議
Distributor Application/Agreement

傳銷商號碼
(日健職員填寫)

日健查存聯

填寫此協議表格並簽署姓名之前，請細閱此表格正反兩面。PLEASE READ BOTH SIDES OF THIS FORM BEFORE COMPLETING OR SIGNING.

☐ 個人申請／Applicant Is /an Individual ☐ 個人申請／Applicant Is /an Individual

☆個人須附身份證或居留證正本反面影本一張
法人須附營利事業登記證、公司執照影本一張
(以上皆須附上銀行或郵周存摺或空白支票影本)

身份證號碼或統一編號／Individal I.D. No. or Business Registration No.

申請人出生年月日／Applicant Birthdate
19 年 Year 月 Month 日 Day

申請人中文名稱／Applicant Name(Chinese)

申請人英文名稱(先寫姓氏)須與護照相同／Applicant Name(English)Surname first. Must be same as Passport

申請人配偶或合夥人中文姓名／Spouse's /Partner's Name(Chinese)

申請人配偶或合夥人英文姓名(先寫姓氏)／Spouse's/Partner's Name(English)Surname first. Must be same as Passport

申請人配偶身份證號碼／Spouse's I.D. No.

日間連絡電話／Day Telephone ( )

夜間連絡電話／Night Telephone ( )

行動電話・呼叫器／Mobile Phone・Pager ( )

傳真號碼／Fax No. ( )

電子郵件信箱／E-mail ( )

戶籍地址／郵遞區號 ☐☐☐ Registed Address

縣市 鄉鎮市區 里(村) 鄰 路街 段 巷 弄 號 樓 室

連絡地址／郵遞區號 ☐☐☐ Mailing Address(如同上可免填寫)

縣市 鄉鎮市區 里(村) 鄰 路街 段 巷 弄 號 樓 室

匯款行庫或郵局及分行支庫名稱／Bank Name And Branch Office
行庫 分行支庫

銀行或郵局帳號(限申請人本人之帳戶)／Account Number (Applicant's Only)

保薦人之事業商號碼／Soponsor's Distributor Number

保薦人姓名／Sponsor's Name

您或您的合夥人/配偶，曾否以個人身份、合夥身份或公司名稱從事過日健事業商?
Have you or your partner/spouse ever been a Nikken Distributor indiidually, in a partnership, or in a corporation?
有 Yes ☐ 否 No ☐

如有的話，請說明最近之日期：
If yes, please list date of last activity:
月/Month 年/Year

前傳銷商號碼/Period ID.

本人明白，作爲日健傳銷商的唯一付費要求，就是按成本價NT$1,600元購買一套日健製作的公司簡介之日健事業指南。本人知道這套日健事業指南並不附有日健產品，而本人成爲事業商時有權選擇是否同時購買日健產品。
I understand the only financial require, ent to become a Nikken Distributor is the purchase of a NT$1,600 at-cost Sales Kit, which contains sales and demonstration materials and company information produced by NIKKEN.

☐ 現金 Cash ☐ 信用卡 Credit card ☐ 銀行或郵局轉帳・匯款 Bank transferr ☐ 支票 Check

信用卡號碼:
Credit card No.:

本人以右列方式購買日健事業指南/Sales Kit一套
I am enclosing payment for a sales kit(check one):

有效期至:
Expiry date: 年 Year 月 Month

信用卡持有人姓名:
Cardholder Name:

持卡人簽名:
Cardholder Signature:

本人明白，此傳銷商協議只屬合約之申請的一部份。而合約即包括傳銷商政策及程序、銷售佣金計畫、日健事業指南和此傳銷商協議在內。
此傳銷商協議正反兩面、日健銷售佣金計畫、日健政策和程序所有條款乃屬此協議一部份，而且均有概述傳銷商具有何種權利。本人在下面簽署後，即表示本人已細閱有關傳銷商權利之規定，並同意接受之。此協議表格上的簽署，均必須爲親筆簽署。申請人須達到法定年齡。
I understand this Distributor Agreement consitiutes only the application portion of the Contract which includes (if accepted by Nikken)the Distributor Policies & Procedures (including country or territory-specific addenda attached thereto), the Sales compensation Plan, this Distributor Agreement and Sales Kit My signature below indicates that I have read and accepted all the terms and conditions regarding privilieges as outlined on the FRONTAND BACK of this agreement, in the Nikken Sales Compensation Plan, and in the Nikken Policies and procedure, the terms of which, by this reference, are fully incorporated in this Agreement. All signatures to this application must be affixed personally. Applicants must be of legal age in their country of residence.

申請日期：_____年/Yea _____月/Month _____日/day
Date of Applicating

申請人簽署：
Applicat's Signature
(法人公司時，請填入公司名)
(If corporation, fill name of business entity)
簽 / 章

配偶或合夥人簽署：
Spouse's/Partner's Signature
(法人公司時由公司負責人簽署)
(If corporation, filled by representative director)
簽 / 章