

Dealer Application

Date: _____

Name of Company: _____

Business Address: _____

Tel No: _____

Fax No: _____

H/P: _____

E-Mail: _____

Business Registration No: _____

Date of Incorporation: _____

Nature of Business:

Business Premises: (Pls. Mark X where Applicable)

Own

Rented

Name and Address of Banker:

Bank A/C No: _____

Person to Contact regarding Accounts

Name: _____

Tel No: _____

Products: _____

Starting purchase value expected: RM _____ Annual sales expected: _____

Name: _____

I/C: _____

Title: _____

(Please Chop / Sign)

Please enclose:

- 1) For Partnership / Sole Proprietor
 - (a) Form A or Form B
 - (b) Form D
 - (c) Copy of I/C

- 2) For SDN BHD
 - (a) Form 24
 - (b) Form 49
 - (c) Form 9
 - (d) Form 13 (If there's a change of Name)

Dealership Approved: _____

By / Date: _____