

AGENT APPLICATION FORM

A) PERSONAL PARTICULARS OF AGENT

| | | |
|-----------------------------|--|------|
| FULL NAME | | |
| NRIC NO | | AGE: |
| RESIDENTIAL ADDRESS | | |
| TELEPHONE NO. 1 & 2 | | |
| EMAIL | | |
| EMERGENCY CONTACT NAME & NO | | |

B) BUSINESS INFORMATION (Please attach a copy of Business Registration)

| | |
|--|--|
| BUSINESS ADDRESS | |
| COMPANY NAME | |
| List of PRODUCTS to be sold in the location | |
| List of SERVICES to be offered in the premise | |
| Operating Hours | |
| No of staff working | |
| COMMENCEMENT DATE OF BUSINESS | |
| KIOSK TYPE <i>(Applicable for KIOSK only)</i> | <i>PERMANENT / MOBILE LOCATION (State the planned duration of operation of this kiosk)</i> |

I, hereby acknowledge that the information I have given above is accurate. Upon review and approval, I will be subjected to signing the AGENT DISTRIBUTION AGREEMENT.

Name :

Date :

For Office Use:

Accepted / Declined / KIV

Business Registration: ATTACHED NOT APPLICABLE

Approved Commencement Date: _____

Location Approved to Operate: STATE: _____ DISTRICT: _____

Additional Conditions & Comments for reference:

Approved By:

Name:

Date :

IMPORTANT NOTE:

1. ATTACH A COPY OF THE SIGNED AGREEMENT WITH THIS APPLICATION FORM FOR A COMPLETE SET OF DOCUMENTS FOR FILING.
2. SUBMIT A COPY TO TASLY MARKETING FOR MANAGEMENT RECORDS.