

DEALER APPLICATION FORM
(Please use 1 application form for per location)

A) PERSONAL PARTICULARS DEALER

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</i> <i>(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 by Tasly Marketing, I will be subjected to signing the DEALER 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:

Reviewed By:

Approved By:

Name:

Name:

Date :

Date:

NOTE:

ATTACH A COPY OF THE SIGNED AGREEMENT WITH THIS APPLICATION FORM FOR A COMPLETE SET OF DOCUMENT FOR FILING.