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**RESELLER APPLICATION FORM**

To be completed by reseller

**COMPANY NAME (IN BLOCK LETTERS)**  
**(Please attach Company Profile)**

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**COMPANY REGISTRATION NUMBER**  
**(Please Attach Form 9, Form 24 & Form 49)**

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**ADDRESS**

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**TELEPHONE NUMBER**

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**FACSIMILE NUMBER**

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**E-MAIL ADDRESS (if any)**

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**YEAR OF ESTABLISHMENT & NO OF EMPLOYEES**

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**COMPANY REPRESENTATIVE**

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**REPRESENTATIVE I/C NUMBER**  
**(Please Attach Copy Of I/C)**

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**REPRESENTATIVE CONTACT NUMBER**

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**COMPANY BACKGROUND**

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**SIGNATURE OF APPLICANT**

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**DATE**

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