

RESELLER APPLICATION FORM

Please Provide us the following documents :

- 1 Form 24 and 49
- 2 Company Registration
- 3 A copy of I/C (for personal application only)

Important:**Registration has to be made by an
Authorized staff of the company****1.0 COMPANY DETAILS/ PERSONAL DETAILS**

Company Name / : _____
Personal Name : _____ Mobile Number : _____
Address : _____ Office Number : _____
_____ Fax Number : _____
_____ Email Address : _____

2.0 Contact Personal

Name : _____ Mobile Number : _____
Designation : _____ Email Address : _____

3.0 Payable Details

Payable Name : _____
Bank Name (1) : _____ Bank Name (2) : _____
Bank Account(1) : _____ Bank Account(2) : _____

4.0 Acknowledgment

I/We hereby declare that declare I / We wish to apply as a WEB ASP SDN BHD reseller and that all information given is valid and true. I/We agreed to be bound by the stated terms and conditions or any amendments made thereafter.

Authorized Signature and Company Stamp Date : _____

5.0 FOR WEB ASP USE ONLY

Commission Rate: _____ Remark : _____
Interview by : _____
Date : _____