

Your Application Service Provider (ASP/23/2009)

DEALER APPLICATION FORM

Dealer Application Form No: _____

IMPORTANT:**REGISTRATION HAS TO BE MADE BY AN AUTHORIZED STAFF OF THE COMPANY**

1. Please write in CAPITAL letters
2. For inquiries, please contact us at 04-642 0621 /03-7980 1388 or through e-mail : support@mobiweb.com.my

COMPANY DETAILS

1. Company Name	_____	7. Address	_____
2. Nature Of Business	_____		_____
3. Company Reg. No.	_____		_____
4. Telephone No	_____	8. Remarks	_____
5. Fax No	_____		_____
6. E-mail Address	_____		_____
	_____		_____

CONTACT PERSON

1. Name	_____	6. H/P No	_____
2. NRIC No	_____	7. E-mail Address	_____
3. Designation	_____	8. Remarks	_____
4. Tel (O)	_____		_____
5. Fax No	_____		_____

DECLARATION OF APPLICATION

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

OFFICE USE:

Terms:

S/Person:

Approved By:

Authorized Signature and Company Stamp

Please provide us the following documents:

1. Form 24 and Form 49	1. Name	_____
2. Company registration	2. NRIC No	_____
3. Bank statements for 3 months	3. Designation	_____

*Terms and conditions apply. T&C No.: _____



WebASP Sdn. Bhd. (832475-W)

GST ID No: 000790601728

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KL Office: No.B-2-7, Block B Kuchai Exchange, Jalan Kuchai Maju 13, Kuchai Lama, 58200 Kuala Lumpur, Malaysia
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