

RESELLER APPLICATION



BRAND(s)

Please tick (✓) in any bracket provided.

BRAND YOU ARE INTERESTED IN (can be more than one):

7D Dried Mangoes
 Allure Green Tea Latte
 Snowfarm
 NHABEXIM

SERVICE REQUIRED:

Store Delivery
 Pick Up From Warehouse

BUSINESS DETAILS

Please fill in every details in the box provided and tick (✓) in any bracket provided.

COMPANY/BUSINESS NAME : _____

BUSINESS ENTITY :

Private Ltd
 Public Listed
 Sole Proprietor
 Partnership
 Other : _____

TYPE OF BUSINESS: _____

BUSINESS REGISTRATION NO: _____ **GST NO:** _____

DATE OF INCORPORATION/ESTABLISHED: _____ **YEARS IN THE MARKET:** _____

BUSINESS/CORRESPONDENCE ADDRESS:

TELEPHONE NO: _____ **FAX NO:** _____

KEY CONTACT:

NAME:	DESIGNATION:	TELEPHONE:	MOBILE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS/PARTNERS/SHAREHOLDERS:

NAME:	RESIDENTIAL ADDRESS:	POSITION:	NRIC:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit the follow forms:

BORANG 9/13 • FORM 24 • FORM 49 • BUSINESS LICENSE • ROC