

# SUPPLIER APPLICATION

## SUPPLIER INFORMATION

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

|                                      |  |  |                                      |                                  |     |
|--------------------------------------|--|--|--------------------------------------|----------------------------------|-----|
| CONTACT NAME :                       |  | [ ]                                      |                                      |                                  |     |
| COMPANY/BUSINESS NAME :              |  | [ ]                                      |                                      |                                  |     |
| BUSINESS ENTITY :                    |  | [ ]                                      |                                      |                                  |     |
| <input type="checkbox"/> Private Ltd | <input type="checkbox"/> Public Listed | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other : | [ ] |
| BUSINESS REGISTRATION NO:            |  | [ ]                                      | GST NO:                              |                                  | [ ] |
| BUSINESS/CORRESPONDENCE ADDRESS:     |  | [ ]                                      |                                      |                                  |     |
| [ ]                                  |  | [ ]                                      |                                      |                                  |     |
| [ ]                                  |  | [ ]                                      |                                      |                                  |     |
| [ ]                                  |  | [ ]                                      |                                      |                                  |     |
| TELEPHONE NO:                        |  | [ ]                                      | EMAIL :                              |                                  | [ ] |

## PRODUCT INFORMATION

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

|                              |  |                      |           |  |     |
|------------------------------|--|----------------------|-----------|--|-----|
| BRAND NAME :                 |  | [ ]                  |           |  |     |
| DECRPTIONS :                 |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| MARKETING SUPPORT PROVIDED : |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| NUMBER OF SKU :              |  | [ ]                  | WEBSITE : |  | [ ] |
| AWARDS & CERTIFICATE :       |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| PRODUCT(S) NAME :            |  | PACKING PER CARTON : |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |
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| [ ]                          |  | [ ]                  |           |  |     |
| [ ]                          |  | [ ]                  |           |  |     |

Please include product's sales kit(s) & company profile(s), so that we could better understand your company and products.