

DISTRIBUTOR APPLICATION FORM

Private & Confidential
HPSB.EBRBS/DEF-HQ/2/2017

1. APPLICANT INFORMATION

Reg. Name of Company	
Director/Proprietor's Name	1. 2.
Director/ Proprietor's Passport or NRIC No	1. 2.
Registered Address	
Billing & Correspondence Address	
Directors Hand phone No	1 2
Email Address	
No Of Children and Age	
Have you owned or managed a retail business or any business. If Yes, Pls provide details	

2. BACKGROUND INFORMATION

Do you have Business Partner and will they active in business?	
What level of total earning/profits would you like to make with your business?	1st Year _____ 2nd Year _____ 3rd Year _____ 4rd Year _____
How do you see as benefit of joining House Of Healin?	
Pls state 2 most recent occupation record and Employer Name	1. 2.
What is your highest education level and your achievement?	
Personal References	Name : Address Tel No:
Financial Statement	Asset : 1. 2. 3 Liabilities: 1. 2. 3 I make the above statement of my assets and liabilities as of.....
Which location/area are you most interested in and why?	
Populations of the district	Malay _____ % Chinese _____ % Indian _____ % Others _____ %
Location Infrastructure	No Of Bank _____ No of Mall/ Supermarket _____ Others, pls State _____

3. PLEASE PROVIDE SUPPORTING DOCUMENTS

<input type="checkbox"/> Form 9 or 13	<input type="checkbox"/> Photos of Shop(Inner & Outer)
<input type="checkbox"/> Form 24 & 49	<input type="checkbox"/> Director Photograph & Photocopy of IC

4. DECLARATION

I understand that the purpose of this application is to assess my suitability as an authorized distributor. It does not obligate the company, their agent or myself and does not constitute an offer.

I understand that references and previous employers may be contacted.

I certify that all the information in this application is true and correct and agree to update this information as changes occur.

Company Stamp

Authorized signatory : _____ Authorized signatory : _____

Name per NRIC : _____ Name per NRIC : _____

NRIC No : _____ NRIC No : _____

Designation Director / Partner / Proprietor Designation Director / Partner / Proprietor

HQ USE ONLY

DEPARTMENT	SIGNATURE	APPROVAL
CUSTOMER SERVICE Name : _____ Designation: _____ Date: _____		COMPLETE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/>
SALES & MARKETING DEPARTMENT Name : _____ Designation: _____ Date: _____		APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/>
FINANCE Name : _____ Designation: _____ Date: _____		Customer Code <input type="text"/>

PRIVACY POLICY:

1. THE COMPANY UNDERSTANDS THE IMPORTANCE OF THE PRIVACY OF THE PERSONAL INFORMATION COLLECTED FROM YOU AND THE FOLLOWING CONTAINS INFORMATION IN RELATION TO THE COLLECTION, USE AND PRIVACY PROTECTIONS ADOPTED BY COMPANY FOR THE PROTECTION OF YOUR PERSONAL INFORMATION.

2. COMPANY ONLY COLLECTS INFORMATION FROM YOU WHEN YOU PROVIDE IT VOLUNTARILY. COMPANY WILL NOT COLLECT INFORMATION FROM YOU WITHOUT YOUR CONSENT.

3. ON WEBSITE, INFORMATION WILL BE COLLECTED FROM YOU MAINLY WHEN YOU FILL IN AND SUBMIT TO US THE:-

- DISTRIBUTOR APPLICATION FORM

- SSM CERTIFICATE

- IC DIRECTOR

- LATEST 3 MONTH BANK STATEMENT

4. COMPANY USES THE INFORMATION COLLECTED PRIMARILY FOR THE FOLLOWING PURPOSES:-

- TO REPLY AND/OR PROVIDE INFORMATION TO YOU IN RELATION TO ANY ENQUIRIES THAT YOU HAVE MADE;

- TO USE THE INFORMATION FOR OUR ANALYSIS OF OUR PRODUCTS AND SERVICES AND TO IMPROVE OUR PRODUCTS AND SERVICES;

- TO CONTACT YOU IF WE THINK YOU MAY BE SUITABLE FOR POSITION

- TO BE USED IN ACCORDANCE WITH YOUR CONSENT

FOR THE PURPOSES ABOVE, SOME OF THE INFORMATION MAY BE SHARED WITH COMPANY AND ALL ASSOCIATED COMPANY RECOGNIZE THE IMPORTANCE OF PRIVACY OF INDIVIDUALS AND WILL NOT DISCLOSE THE INFORMATION TO THIRD PARTIES EXCEPT WITH YOUR CONSENT OR IF REQUIRED BY LAW.

5. COMPANY SHALL TAKE REASONABLE STEPS TO PROTECT THE PERSONAL INFORMATION WE HOLD FROM MISUSE, LOSS, UNAUTHORIZED ACCESS, MODIFICATION OR DISCLOSURE. HOWEVER, IT WOULD NOT BE POSSIBLE FOR COMPANY TO GIVE ABSOLUTE ASSURANCE THAT ANY PERSONAL INFORMATION WE HOLD WOULD BE SECURE AT ALL TIMES.

7. SHOULD YOU HAVE ANY QUERIES ABOUT THIS PRIVACY POLICY, YOU MAY CONTACT OUR CUSTOMER SERVICES AT 03 -5569 5569 OR EMAIL US AT [INFO@HEALWELL.COM.MY](mailto:info@healwell.com.my).