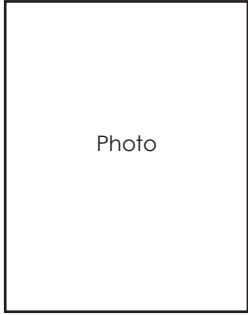




BELLA AMMARA APPAREL SDN. BHD. (1153456-H)
NO.17 JALAN PLUMBUM Q 7/Q, SEKSYEN 7,
4000 SHAH ALAM, SELANGOR

03 5523 9462



STOCKIST / AGENT / DROPSHIP APPLICATION FORM

Tick where applicable

BELLA AMMARA BAKINI SERI GROUP SUGAR BELLE OTHERS _____

GENERAL INFORMATION

Kindly read instructions below before completing the form Tick where applicable

INSTRUCTION FOR COMPLETION OF APPLICATION

Form that is incomplete, illegible or deface in any way may result in the application being rejected.

INDIVIDUAL

| | |
|--|---|
| Name (As per NRIC/Passport) : | |
| Salutation : | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> En <input type="checkbox"/> Cik <input type="checkbox"/> Dr <input type="checkbox"/> Datuk <input type="checkbox"/> Dato' <input type="checkbox"/> Datin <input type="checkbox"/> Other, please specify _____ |
| Nationality : | <input type="checkbox"/> Malaysian <input type="checkbox"/> Others: |
| New NRIC / Passport : | Old NRIC No. : |
| Date of Birth : | |
| Gender : | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race : | <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other, please specify _____ |
| Bumi Status : | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Malaysian Permanent Resident (For foreigners only) : | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Marital Status : | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Permanent / Registered Address : | |
| Correspondence Address (If different from above) | |
| Contact No : | Email : |

ABOUT YOUR COMPANY/BUSINESS

Business Name :

Registration No. :

Business Address :

Tel :

Contact No (PIC) :

Email :

Website :

Social Media :

www.facebook.com/_____

Twitter : _____

Instagram : _____

Others : _____

(Please specify)

Do you have experience in selling similar products? :

Yes

No

Are you currently selling the product? :

Yes

No

If yes, please state the brand of the product :

Please state your monthly turnover (RM)? :

3000 - 4000

8000 - 10000

Others : _____

5000 - 7000

10 000 - 50 000

(Please specify)

Briefly explain your business :

BEING A STOCKIST / AGENT / DROPSHIP

How did you hear about us ? :

Friends/ Relatives

Social media : _____

Media/Newspaper/Magazine

Others : _____

Please state the reason why you want to be our stockist ? :

Your business type : Full time Part time

Describe your target market ?

Who :

State the location of your business (city / state) :

State your forecast monthly sale (RM)? :

3000 - 4000

8000 - 10000

Others : _____

5000 - 7000

10 000 - 50 000

(Please specify)

Marketing Platform

E-commerce Physical Store Direct Customers (Family/Friends/Coworker)

Social Media (Facebook/ Instagram/ Youtube/ Twitter) Others: _____

Briefly outline your business plan or marketing strategy and where/how you want to sell the product? :

Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Checklist

1) NRIC/ Passport copy

Signature :

Date :

FOR OFFICE USE ONLY

Submission Date:

Approved by :

Approved Date :

Interview by :

Interview Date :

Comments :

ACCOUNT DEPARTMENT

Payment Status:

Date :

LEADER

Date :

Name :

No. ID :