DEALER APPLICATION FORM

- This Application form must be completed in full use as all information is subject to verification.
- The Following document must be submitted together with this application:
- a) Memorandum and Article of Association or Matlumat Perniagaan.
- b) Form 49.
- c) Photocopy of identity card of the directors.

I/WE HEREBY APPLY A DEALER ACCOUNT & SUBMIT THE FOLLOWING CONFIDENTIAL INFORMATION FOR THIS PURPOSE ONLY.

1. Name Of Company (In Full) : _____
2. Business Registration No : _____
3. Business Address : _____
   _____
4. Telephone No. (Office): _____ Handphone No.: _____
5. Person Incharge: _____
6. Registered Office (If different from above): _____
   _____

7. Type of business (Sdn Bhd / Sole Proprietorship / Partnership) : _____
8. Number Of Staff: _____
9. Date of Incorporation : _____
10. Nature Of Business : _____
    _____

11. If Limited Company, Please state : Authorised Capital :_____
    Paid-Up Capital : _____

12. Name Of Directors / Proprietors / Partners — Specimen Signature
    _____ _____
    _____ _____
    _____ _____

13. Premises (Rented / Leased / Owned) : _____

14. Trade References (Preferably IT Suppliers): — Phone No:
    _____ _____
    _____ _____
    _____ _____
    _____ _____

_____
SIGNATURE OF APPLICANT
NAME : _____
DESIGNATION : _____
I/C NO : _____
DATE : _____

SDS DISTRIBUTION SDN. BHD. *(737754-W)*
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