

## RESELLER/ DISTRIBUTOR REGISTRATION FORM

### SECTION A : RESELLER/DISTRIBUTOR INFORMATION

Company Name/  
Business Registration No. : \_\_\_\_\_

Company Address : \_\_\_\_\_  
\_\_\_\_\_

Postcode : \_\_\_\_\_ State : \_\_\_\_\_

Office No. : \_\_\_\_\_ Fax No : \_\_\_\_\_

Person In Charge : \_\_\_\_\_ Gender : \_\_\_\_\_

Designation : \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address : \_\_\_\_\_

List of Product/Service 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

| Delivery Capability<br>(List of area/location that<br>currently /could provide<br>delivery service) | Area currently covered: | Area could be covered: |
|---|-------------------------|------------------------|
|   | 1) _____                | 1) _____               |
|   | 2) _____                | 2) _____               |
|   | 3) _____                | 3) _____               |

Target Customers  Corporate  Government  Others : \_\_\_\_\_

|                   |   |         |
|-------------------|---|---------|
| Type of Customers | <input type="checkbox"/> Low End (Small Company)    | _____ % |
|                   | <input type="checkbox"/> Mid-Range (Medium Company) | _____ % |
|                   | <input type="checkbox"/> High End (Big Company)     | _____ % |

### SECTION B : DOCUMENTATION CHECKLIST

Kindly please attach together the below documentations with this Application Form during submission:-

Form 24  Form 49  Form 9

\*\*Other documentations might be required from time to time for justification purposes.\*\*

### SECTION C : DECLARATION

I/We the undersigned declare that the above application is true and correct. I/We agreed an immediate termination of Reseller/Distributorship will take place if any information above found false. I/We and the company understand that LNS is not liable or hold any responsibility for the loss and whatsoever before/during/after the immediate termination take place.

\_\_\_\_\_  
Signature / Company Stamp

\_\_\_\_\_  
Date