GUIDE FOR DEALER CODE APPLICATION FROM

Tick the appropriate options.

Fill in your Name

Fill in your Address

Fill in your contact number. It is important that you can be reached at this number as we may need to contact you for urgent matters relating to your incentive payments.

Dealer Code Application Form

☑ New Creation ☐ Deactivation ☐ Suspension

A Type of Application

☐ Dealer (to fill B, C & D) ☑ Non-traditional Channel (to fill B, C & D)

B Company Information

Co. Name : ..... Co. Reg.: .....

Address : .....

..... Postcode: .....

Email : .....

No. of Staff : ..... No. of Outlet (inclusive HQ): .....

Tel No: ..... Fax No: ..... H/P No: .....

Type of Location: ☐ Shopping Mall ☐ Commercial ☐ Counter/ Kiosk

Type of Outlet: ☐ Full Shop ☐ Half Shop ☐ Others

Bank: .....

Bank Branch: .....

Bank A/C Owner Name: .....

Bank A/C No.: .....

Fill in your email address

C Owner/ Director Information

Full Name (as per NRIC): .....

NRIC (New): ..... Age: .....

D Document Required / Checklist

	Outlet Photo	Auth Signatory I/C	Latest Month Bank Statement / Bank In Slip / Saving Passbook	Form 9 / 13	49	24	A / B	D
Sdn Bhd	√	√	√	√	√	√		
Sole Proprietorship / Partnership	√	√	√				√	√
Others	√	√	√					

Attach a photocopy of your IC

E Submitted By

Remarks (if any) By U Sales Team or Distributor:

Distributor's Company Stamp	*Dealer's Company Stamp*

Sign and fill in your name, IC number & the date

Signature: ..... Signature: .....

Name: ..... Name: .....

NRIC: ..... NRIC: .....

Date: ..... Date: .....

F For Office Use Only

Verify by U Sales Team:	**1st Level Approval By Regional Manager:**	**2nd Level Approval By Senior Manager and above:**
.....	.....	.....
Name :	Name :	Name :
Position:	Position:	Position:
Date:	Date:	Date:

G For Biz Ops Use Only

Received date: ..... **Processed by:** .....

DEALER'S CODE: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐